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An Epidemiological Analysis. Volume 2

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Volume II

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AMBIENT OZONE AND HUMAN HEALTH:
AN EPIDEMIOLOGICAL ANALYSIS

Paul R. Portney and John Mullahy

Resources for the Future
1755 Massachusetts Avenue, N.W.
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Volume II
Draft Final Report
September 1983

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DISCLAIMER

This report has been reviewed by the Office of Air Quality Planning and Standards, U. S. Environmental Protection Agency, and approved for publication as received from Resources for the Future. The analysis and conclusions presented in this report are those of the authors and should not be interpreted as necessarily reflecting the official policies of the U. S. Environmental Protection Agency.

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It goes without saying that none of the individuals mentioned above bears any responsibility for the contents of this report. That is the responsibility of the authors alone.

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VOLUME II

APPENDIX A. The Health Interview and Smoking Supplement

APPENDIX B. Health Interview Survey

APPENDIX C. Valuing the Benefits of Improved Human Health

APPENDIX A

1979 HEALTH INTERVIEW SURVEY
&
SMOKING SUPPLEMENT

O.M.B. No. 68-R1600: Approval Expires March 31, 1980

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book ______ of ______ books

FORM HIS-1 (1979)
(4-30-79)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

U.S. HEALTH INTERVIEW SURVEY

2. R.O. number

3. Sample

4. Segment type
☐ Area
☐ Permit
☐ Address
☐ Cen-Sup
☐ Special Place

5. Control number
PSU | Segment | Serial

6a. What is your exact address? (Include House No., Apt. No., or other identification and ZIP code)

City | State | ZIP code | County

Listing Sheet
Sheet No. ____
Line No. ____

b. Is this your mailing address? ☐ Same as 6a
Mark box or specify if different. Include ZIP code.

City | State | ZIP code | County

c. Special place name | Sample unit number | Type code

7. YEAR BUILT ☐ Ask → ☐ Do NOT Ask
When was this structure originally built?
☐ Before 4-1-70 (Continue interview)
☐ After 4-1-70 (Go to 8c, complete if required and end interview)

8. Type of living quarters ——→ ☐ Housing unit ☐ OTHER unit

9. Area segments ONLY
☐ **a. Are there any occupied or vacant living quarters besides your own in this building?** Y (Fill Table X) N
☐ **b. Are there any occupied or vacant living quarters besides your own on this floor?** Y (Fill Table X) N
☐ **c. Is there any other building on this property for people to live in – either occupied or vacant?** Y (Fill Table X) N
☐ d. None

GO TO PROBE PAGE 2

10. Land use ☐ RURAL ☐ URBAN (13)
— Regular units and Special Place units coded 85–88 in 6c, go to 11.
— Special Place units not coded 85–88 in 6c, go to 13.

11. **Do you own or rent this place?** ☐ Own ☐ Rent ☐ Rent for free

12a. **Does this place you (own/rent/rent for free) have 10 acres or more?** Y (12b) N (12c)
b. **During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $50 or more?** Y (13) N (13)
c. **During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $250 or more?** Y N

13. **How many rooms are in this —?** Count the kitchen but not the bathroom. Rooms

14. **How many bedrooms are in this —?** If "None," describe in footnotes. Bedrooms

15. **What is the telephone number here?** Area code Number ☐ None

16. Was this interview observed? Y N

17. Interviewer's name Code

BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY.
Determine the best time for callbacks.

FOOTNOTES

18. Noninterview reason

TYPE A

1 ☐ [illegible] – Describe in a footnote
2 ☐ No one home – repeated calls
3 ☐ Temporarily absent – Footnote
4 ☐ Other – Specify

Fill items 1–6a, 7, 8, 10, 12a–c as applicable, 18–19

TYPE B

1 ☐ Vacant – nonseasonal
2 ☐ Vacant – seasonal
3 ☐ Usual residence elsewhere
4 ☐ Armed Forces
5 ☐ Other – Specify

Fill items 1–6a, 7–10, 12a–c as applicable, 18–19

TYPE C

1 ☐ Unused line of listing sheet
2 ☐ Demolished
3 ☐ Merged
4 ☐ Outside segment
5 ☐ Built after April 1, 1970
6 ☐ Other – Specify

Fill items 1–6a, 7c if required, 8c if marked, 18–19, send Item-Comm.

19. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark X
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	
6		a.m. p.m.	a.m. p.m.	

20. List column numbers of sample persons not interviewed during initial interview.
☐ None

Col. No.	SS Rec.	Eye Care Rec.	Prev. Resp. w Eye Care
	Y N	Y N	
	Y N	Y N	
	Y N	Y N	

21. Record of additional contacts

Month	Date	Beginning time	Ending time	Col. Nos. completed SS	Col. Nos. completed EC
1		a.m. p.m.	a.m. p.m.		
2		a.m. p.m.	a.m. p.m.		
3		a.m. p.m.	a.m. p.m.		
4		a.m. p.m.	a.m. p.m.		

SP H

1a. What is the name of the head of this household? – Enter name in first column b. What are the names of all other persons who live here? – List all persons who live here. c. I have listed (Read names). Is there anyone else staying here now, such as friends, relatives, or roomers? Yes* ☐ No ☐ d. Have I missed anyone who USUALLY lives here but is now away from home? ☐ ☐ e. Do any of the people in this household have a home anywhere else? ☐ ☐ * Apply household membership rules. f. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? 1 Y Col(s). ______ (Delete) 2 N	1a. First name ① Last name AGE RACE 1 W 2 B 3 OT
2. How is –– related to –– (Head of household)?	2. Relationship HEAD SEX 1 M 2 F
3. What is ––'s date of birth? (Enter date and Age, and circle Race and Sex)	3. Month Date Year
L Ask Condition list ______. Use Flashcard ______ to determine Sample persons; mark SP boxes.	BED DAYS DV HOSP.
C 1. Record the number of Bed Days, Doctor Visits, and Hospitalizations	**C** ☐ None (NP) ☐ None (NP) ☐ None (NP) ____ NP) ____ NP) ____ NP)
2. Record each condition in the person's column, with the question number(s) where it was reported. Reference dates 2-week period ______ - ______ 12-month Bed Days and Doctor visit probe ______ Hospital probe ______	Q. No. Condition
If 17+, ask: 4. Is –– now married, widowed, divorced, separated, or never married?	4. 9 ☐ Under 17 1 ☐ Married – spouse present 6 ☐ Married – spouse absent 2 ☐ Widowed 4 ☐ Divorced 3 ☐ Separated 5 ☐ Never married
H If related persons 17 years old or over are listed in addition to the respondent, say: We would like to have all adults who are at home take part in the interview. Is your ––, your ––, etc., at home now? (If "Yes," ask: Please ask them to join us.	**H** 3 ☐ Under 17 1 ☐ At home 2 ☐ Not at home
This survey is being conducted to collect information on the Nation's health. I will ask about visits to doctors and dentists, illness in the family, and other health related items. (Hand calendar) The next few questions refer to the past 2 weeks, the 2 weeks outlined in red on that calendar, beginning Monday, ______ (date) ______, and ending this past Sunday, ______ (date) ______. 5a. During those 2 weeks, did –– stay in bed because of any illness or injury?	Y (5b) 5a. ☐ N } If age: 17+ (6) 6-16 (7) Under 6 (9)
b. During that 2-week period, how many days did –– stay in bed all or most of the day?	b. ____ Days
6. During those 2 weeks, how many days did illness or injury keep –– from work? (For females): not counting work around the house?	6. ____ WL days (8) 30 ☐ None (9)
7. During those 2 weeks, how many days did illness or injury keep –– from school?	7. ____ SL days 30 ☐ None (9)
If one or more days in 5b, ask 8, otherwise go to 9 8. On how many of those –– days lost from {work / school} did –– stay in bed all or most of the day?	8. ____ Days 30 ☐ None
9a. (NOT COUNTING the day(s) {in bed / lost from work / lost from school}) Were there any (other) days during the past 2 weeks that –– cut down on the things he usually does because of illness or injury?	9a. 1 Y 2 N (10)
b. (Again, not counting the day(s) {in bed / lost from work / lost from school}) During that period, how many (other) days did he cut down for as much as a day?	b. ____ Days 30 ☐ None
If one or more days in 5–9, ask 10, otherwise go to next person. 10a. What condition caused –– to {stay in bed / miss work / miss school / cut down} during the past 2 weeks?	10a. Enter condition in item C Ask 10b
b. Did any other condition cause him to {stay in bed / miss work / miss school / cut down} during that period?	b. Y N (NP)
c. What condition?	c. Enter condition in item C (10)
➤ Fill item C, (BED DAYS), from 5b for all persons.	

0 ☐ Under 17 1 ☐ Married – spouse present 6 ☐ Married – spouse absent 2 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 3 ☐ Never married	4.	0 ☐ Under 17 1 ☐ Married – spouse present 6 ☐ Married – spouse absent 2 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 3 ☐ Never married	0 ☐ Under 17 1 ☐ Married – spouse present 6 ☐ Married – spouse absent 2 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 3 ☐ Never married	4.	0 ☐ Under 17 1 ☐ Married – spouse present 6 ☐ Married – spouse absent 2 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 3 ☐ Never married	0 ☐ Under 17 1 ☐ Married – spouse present 6 ☐ Married – spouse absent 2 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 3 ☐ Never married
0 ☐ Under 17 1 ☐ At home 2 ☐ Not at home	H	0 ☐ Under 17 1 ☐ At home 2 ☐ Not at home	0 ☐ Under 17 1 ☐ At home 2 ☐ Not at home	H	0 ☐ Under 17 1 ☐ At home 2 ☐ Not at home	0 ☐ Under 17 1 ☐ At home 2 ☐ Not at home
Y (5b) 00 N ___ Days } If age 17+ (6) 6–16 (7) Under 6 (9)	5a. b.	Y (5b) 00 N ___ Days } If age: 17+ (6) 6–16 (7) Under 6 (9)	Y (5b) 00 N ___ Days } If age 17+ (6) 6–16 (7) Under 6 (9)	5a. b.	Y (5b) 00 N ___ Days } If age 17+ (6) 6–16 (7) Under 6 (9)	Y (5b) 00 N ___ Days } If age 17+ (6) 6–16 (7) Under 6 (9)
___ WL days (8) 00 ☐ None (9)	6.	___ WL days (8) 00 ☐ None (9)	___ WL days (8) 00 ☐ None (9)	6.	___ WL days (8) 00 ☐ None (9)	___ WL days (8) 00 ☐ None (9)
___ SL days 00 ☐ None (9)	7.	___ SL days 00 ☐ None (9)	___ SL days 00 ☐ None (9)	7.	___ SL days 00 ☐ None (9)	___ SL days 00 ☐ None (9)
___ Days 00 ☐ None	8.	___ Days 00 ☐ None	___ Days 00 ☐ None	8.	___ Days 00 ☐ None	___ Days 00 ☐ None
1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)	9a.	1 Y 2 N (10)	1 Y 2 N (10)
___ Days 00 ☐ None	b.	___ Days 00 ☐ None	___ Days 00 ☐ None	b.	___ Days 00 ☐ None	___ Days 00 ☐ None
Enter condition in item C Ask 10b	10a.	Enter condition in item C Ask 10b	Enter condition in item C Ask 10b	10a.	Enter condition in item C Ask 10b	Enter condition in item C Ask 10b
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in item C (10b)	c.	Enter condition in item C (10b)	Enter condition in item C (10b)	c.	Enter condition in item C (10b)	Enter condition in item C (10b)

➤ Fill item C, (BED DAYS), from 5b for all persons.

11<

11a. During the past 2 weeks, did anyone in the family, that is you, your – –, etc., have any (other) accidents or injuries?	Y N (12)		
b. Who was this? – Mark "Accident or injury" box in person's column.		11b.	☐ Accident or injury
c. What was the injury?		c.	Injury
d. Did anyone have any other accidents or injuries during that period?	Y (Reask 11b and c) N		
If "Accident or injury," ask: **e. As a result of the accident, did – – see a doctor or did he cut down on the things he usually does?**		e.	Y (Enter injury in item C) N
12a. During the past 2 weeks, did anyone in the family go to the dentist?	Y N (13)		
b. Who was this? – Mark "Dental visit" box in person's column.		12b.	☐ Dental visit
c. During the past 2 weeks, did anyone else in the family go to a dentist?	Y (Reask 12b and c) N		
If "Dental visit," ask: **d. During the past 2 weeks, how many times did – – go to a dentist?**		d.	____ No. of dental visits (NP)
Do not ask for children 1 yr. old and under. Mark box or ask: **13. ABOUT how long has it been since – – LAST went to a dentist?**		13.	1 ☐ 2-week dental visit 2 ☐ Past 2 weeks not reported (12) 3 ☐ 2 weeks–6 months 4 ☐ Over 6–12 months 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never/age 1 or under

FOOTNOTES

☐ Accident or injury	11b.	☐ Accident or injury	☐ Accident or injury	11b.	☐ Accident or injury	☐ Accident or injury
Injury	c.	Injury	Injury	c.	Injury	Injury
Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N	e.	Y (Enter injury in item C) N	Y (Enter injury in item C) N
☐ Dental visit	12b.	☐ Dental visit	☐ Dental visit	12b.	☐ Dental visit	☐ Dental visit
____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)	d.	____ No. of dental visits (NP)	____ No. of dental visits (NP)
1 ☐ 2-week dental visit	13.	1 ☐ 2-week dental visit	1 ☐ 2-week dental visit	13.	1 ☐ 2-week dental visit	1 ☐ 2-week dental visit
2 ☐ Past 2 weeks not reported (12) 3 ☐ 2 weeks–6 months 4 ☐ Over 6–12 months 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ Years 8 ☐ Never/age 1 or under		2 ☐ Past 2 weeks not reported (12) 3 ☐ 2 weeks–6 months 4 ☐ Over 6–12 months 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never/age 1 or under	2 ☐ Past 2 weeks not reported (12) 3 ☐ 2 weeks–6 months 4 ☐ Over 6–12 months 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never/age 1 or under		2 ☐ Past 2 weeks not reported (12) 3 ☐ 2 weeks–6 months 4 ☐ Over 6–12 months 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never/age 1 or under	2 ☐ Past 2 weeks not reported (12) 3 ☐ 2 weeks–6 months 4 ☐ Over 6–12 months 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never/age 1 or under

FOOTNOTES

14. **During the past 2 weeks (the 2 weeks outlined in red on that calendar) how many times did -- see a medical doctor?** Do not count doctors seen while a patient in a hospital.		14.	00 ☐ None ___ Number of visits } NP
(Besides these visits) 15a. **During that 2-week period did anyone in the family go to a doctor's office or clinic for shots, X-rays, tests, or examinations?**	Y N (16)		
b. **Who was this?** – Mark "Doctor visit" box in person's column.		15b.	☐ Doctor visit
c. **Anyone else?**	Y (Reask 15b and c) N		
If "Doctor visit," ask d. **How many times did -- visit the doctor during that period?**		d.	___ Number of visits (NP)
16a. **During that period, did anyone in the family get any medical advice from a doctor over the telephone?**	Y N (17)		
b. **Who was the phone call about?** – Mark "Phone call" box in person's column.		16b.	☐ Phone call
c. **Any calls about anyone else?**	Y (Reask 16b and c) N		
If "Phone call," ask d. **How many telephone calls were made to get medical advice about -- ?**		d.	___ Number of calls (NP)
Fill item C, (DV), from 14–16 for all persons. Ask 17a for each person with visits in DV box. 17a. **For what condition did -- see or talk to a doctor during the past 2 weeks?**		17a.	☐ Condition (item C THEN 17d) ☐ Pregnancy (17e) ☐ No condition
b. **Did -- see or talk to a doctor about any specific condition?**		b.	Y N (NP)
c. **What condition?**		c.	Enter condition in item C Ask 17d
d. **During that period, did -- see or talk to a doctor about any other condition?**		d.	Y (17c) N (NP)
e. **During the past 2 weeks was -- sick because of her pregnancy?**		e.	Y N (17d)
f. **What was the matter?**		f.	Enter condition in item C (17d)
18a. **During the past 12 months, (that is since** (date) **a year ago), about how many times did -- see or talk to a medical doctor?** (Do not count doctors seen while a patient in a hospital.) **(Include the -- visits you already told me about.)**		18a.	000 ☐ Only when in hospital 550 ☐ None ___ Number of visits
b. **ABOUT** how long has it been since -- **LAST** saw or talked to a medical doctor? Include doctors seen while a patient in a hospital.		b.	1 ☐ 2-week DV 2 ☐ Past 2 weeks not reported (14 and 17) 3 ☐ 2 wks.–6 mos. 4 ☐ Over 6–12 mos. 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never

00 ☐ None ____ Number of visits } NP	14.	00 ☐ None ____ Number of visits } NP	00 ☐ None ____ Number of visits } NP	14.	00 ☐ None ____ Number of visits } NP	00 ☐ None ____ Number of visits } NP
☐ Doctor visit	15b.	☐ Doctor visit	☐ Doctor visit	15b.	☐ Doctor visit	☐ Doctor visit
____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)	d.	____ Number of visits (NP)	____ Number of visits (NP)
☐ Phone call	16b.	☐ Phone call	☐ Phone call	16b.	☐ Phone call	☐ Phone call
____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)	d.	____ Number of calls (NP)	____ Number of calls (NP)
☐ Condition (Item C THEN 17d) ☐ Pregnancy (17e) ☐ No condition	17a.	☐ Condition (Item C THEN 17d) ☐ Pregnancy (17e) ☐ No condition	☐ Condition (Item C THEN 17d) ☐ Pregnancy (17e) ☐ No condition	17a.	☐ Condition (Item C THEN 17d) ☐ Pregnancy (17e) ☐ No condition	☐ Condition (Item C THEN 17d) ☐ Pregnancy (17e) ☐ No condition
Y N (NP)	b.	Y N (NP)	Y N (NP)	b.	Y N (NP)	Y N (NP)
Enter condition in item C Ask 17d	c.	Enter condition in item C Ask 17d	Enter condition in item C Ask 17d	c.	Enter condition in item C Ask 17d	Enter condition in item C Ask 17d
Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)	d.	Y (17c) N (NP)	Y (17c) N (NP)
Y N (17d)	e.	Y N (17d)	Y N (17d)	e.	Y N (17d)	Y N (17d)
Enter condition in item C (17d)	f.	Enter condition in item C (17d)	Enter condition in item C (17d)	f.	Enter condition in item C (17d)	Enter condition in item C (17d)
000 ☐ Only when in hospital 000 ☐ None ____ Number of visits	18a.	000 ☐ Only when in hospital 000 ☐ None ____ Number of visits	000 ☐ Only when in hospital 000 ☐ None ____ Number of visits	18a.	000 ☐ Only when in hospital 000 ☐ None ____ Number of visits	000 ☐ Only when in hospital 000 ☐ None ____ Number of visits
1 ☐ 2-week DV	b.	1 ☐ 2-week DV	1 ☐ 2-week DV	b.	1 ☐ 2-week DV	1 ☐ 2-week DV
2 ☐ Past 2 weeks not reported (14 and 17) 3 ☐ 2 wks.–6 mos. 4 ☐ Over 6–12 mos. 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never		2 ☐ Past 2 weeks not reported (14 and 17) 3 ☐ 2 wks.–6 mos. 4 ☐ Over 6–12 mos. 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never	2 ☐ Past 2 weeks not reported (14 and 17) 3 ☐ 2 wks.–6 mos. 4 ☐ Over 6–12 mos. 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never		2 ☐ Past 2 weeks not reported (14 and 17) 3 ☐ 2 wks.–6 mos. 4 ☐ Over 6–12 mos. 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never	2 ☐ Past 2 weeks not reported (14 and 17) 3 ☐ 2 wks.–6 mos. 4 ☐ Over 6–12 mos. 5 ☐ 1 year 6 ☐ 2–4 years 7 ☐ 5+ years 8 ☐ Never

Ages 17+	**19a. What was -- doing MOST OF THE PAST 12 MONTHS** – (For males): working or doing something else? (For females): keeping house, working, or doing something else? If "something else," ask: **b. What was -- doing?** If 45+ years and was not "working," "keeping house," or "going to school," ask **c. Is -- retired?** **d. If "retired," ask: Did he retire because of his health?**	19. & 20.	1 ☐ Working (24a) 2 ☐ Keeping house (24b) 3 ☐ Retired, health (23) 4 ☐ Retired, other (23) 5 ☐ Going to school (28) 6 ☐ 17+ something else (23) 7 ☐ 6–16 something else (25)	
Ages 6–16	**20a. What was -- doing MOST OF THE PAST 12 MONTHS – going to school or doing something else?** If "something else," ask: **b. What was -- doing?**			
Ages under 6			2 ☐ 1–5 years (21) 3 ☐ Under 1 (22)	
21a. Is -- able to take part at *all* in ordinary play with other children?		21a.	Y	1 N (28)
b. Is he limited in *the kind of play he can do* because of his health?		b.	2 Y (28)	N
c. Is he limited in *the amount of play* because of his health?		c.	2 Y (28)	N (27)
22a. Is -- limited in any way because of his health?		22a.	1 Y	5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b.	______	(28)
23a. Does -- health now keep him from working?		23a.	1 Y (28)	N
b. Is he limited in *the kind of work he could do* because of his health?		b.	2 Y (28)	N
c. Is he limited in *the amount of work he could do* because of his health?		c.	2 Y (28)	N
d. Is he limited in *the kind or amount of other activities* because of his health?		d.	3 Y (28)	N (27)
24a. Does -- NOW have a job?		24a.	Y (24c)	N
b. In terms of health, is -- NOW able to (work – keep house) at all?		b.	Y	1 N (28)
c. Is he limited in *the kind of (work – housework) he can do* because of his health?		c.	2 Y (28)	N
d. Is he limited in *the amount of (work – housework) he can do* because of his health?		d.	2 Y (28)	N
e. Is he limited in *the kind or amount of other activities* because of his health?		e.	3 Y (28)	N (27)
25. In terms of health would -- be able to *go to school?*		25.	Y	1 N (28)
26a. Does (would) -- have to go to a certain type of school because of his health?		26a.	2 Y (28)	N
b. Is he (would he be) limited in *school attendance* because of his health?		b.	2 Y (28)	N
c. Is he limited in *the kind or amount of other activities* because of his health?		c.	3 Y (28)	N
27a. Is -- limited in ANY WAY because of a disability or health?		27a.	4 Y	5 N (NP)
b. In what way is he limited? Record limitation, not condition.		b.	______	
28a. About how long has he { been limited in -- / been unable to -- / had to go to a certain type of school? }		28a.	100 ☐ Less than 1 month 1 ____ Mos. 2 ____ Yrs.	
b. What (other) condition causes this limitation? *If "old age" only, ask:* **Is this limitation caused by any specific condition?**		b.	Enter condition in item C Ask 28c ☐ Old age only (NP)	
c. Is this limitation caused by any other condition?		c.	Y Reask 28b and c)	N
Mark box or ask: **d. Which of these conditions would you say is the MAIN cause of his limitation?**		d.	☐ Only 1 condition ______ Enter main condition	

1 ☐ Working (24a) 2 ☐ Keeping house (24b) 3 ☐ Retired, health (23) 4 ☐ Retired, other (23) 5 ☐ Going to school (28) 6 ☐ 17+ something else (23) 7 ☐ 6–16 something else (25)	19. & 20.	1 ☐ Working (24a) 2 ☐ Keeping house (24b) 3 ☐ Retired, health (23) 4 ☐ Retired, other (23) 5 ☐ Going to school (28) 6 ☐ 17+ something else (23) 7 ☐ 6–16 something else (25)	1 ☐ Working (24a) 2 ☐ Keeping house (24b) 3 ☐ Retired, health (23) 4 ☐ Retired, other (23) 5 ☐ Going to school (28) 6 ☐ 17+ something else (23) 7 ☐ 6–16 something else (25)	19. & 20.	1 ☐ Working (24a) 2 ☐ Keeping house (24b) 3 ☐ Retired, health (23) 4 ☐ Retired, other (23) 5 ☐ Going to school (28) 6 ☐ 17+ something else (23) 7 ☐ 6–16 something else (25)	1 ☐ Working (24a) 2 ☐ Keeping house (24b) 3 ☐ Retired, health (23) 4 ☐ Retired, other (23) 5 ☐ Going to school (28) 6 ☐ 17+ something else (23) 7 ☐ 6–16 something else (25)
9 ☐ 1–5 years (21) 8 ☐ Under 1 (22)		9 ☐ 1–5 years (21) 8 ☐ Under 1 (22)	9 ☐ 1–5 years (21) 8 ☐ Under 1 (22)		9 ☐ 1–5 years (21) 8 ☐ Under 1 (22)	9 ☐ 1–5 years (21) 8 ☐ Under 1 (22)
Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)	21a.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	c.	3 Y (28) N (27)	3 Y (28) N (27)	c.	3 Y (28) N (27)	3 Y (28) N (27)
1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)	22a.	1 Y 5 N (NP)	1 Y 5 N (NP)
____ (28)	b.	____ (28)	____ (28)	b.	____ (28)	____ (28)
1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N	23a.	1 Y (28) N	1 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)	d.	3 Y (28) N (27)	3 Y (28) N (27)
Y (24c) N	24a.	Y (24c) N	Y (24c) N	24a.	Y (24c) N	Y (24c) N
Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)	b.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	c.	2 Y (28) N	2 Y (28) N	c.	2 Y (28) N	2 Y (28) N
2 Y (28) N	d.	2 Y (28) N	2 Y (28) N	d.	2 Y (28) N	2 Y (28) N
3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)	e.	3 Y (28) N (27)	3 Y (28) N (27)
Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)	25.	Y 1 N (28)	Y 1 N (28)
2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N	26a.	2 Y (28) N	2 Y (28) N
2 Y (28) N	b.	2 Y (28) N	2 Y (28) N	b.	2 Y (28) N	2 Y (28) N
3 Y (28) N	c.	3 Y (28) N	3 Y (28) N	c.	3 Y (28) N	3 Y (28) N
4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)	27a.	4 Y 5 N (NP)	4 Y 5 N (NP)
____	b.	____	____	b.	____	____
000 ☐ Less than 1 month 1 ____ Mos. 2 ____ Yrs.	28a.	000 ☐ Less than 1 month 1 ____ Mos. 2 ____ Yrs.	000 ☐ Less than 1 month 1 ____ Mos. 2 ____ Yrs.	28a.	000 ☐ Less than 1 month 1 ____ Mos. 2 ____ Yrs.	000 ☐ Less than 1 month 1 ____ Mos. 2 ____ Yrs.
Enter condition in item C Ask 28c ☐ Old age only (NP)	b.	Enter condition in item C Ask 28c ☐ Old age only (NP)	Enter condition in item C Ask 28c ☐ Old age only (NP)	b.	Enter condition in item C Ask 28c ☐ Old age only (NP)	Enter condition in item C Ask 28c ☐ Old age only (NP)
Y (Reask 28b and c) N	c.	Y (Reask 28b and c) N	Y (Reask 28b and c) N	c.	Y (Reask 28b and c) N	Y (Reask 28b and c) N
☐ Only 1 condition ____ Enter main condition	d.	☐ Only 1 condition ____ Enter main condition	☐ Only 1 condition ____ Enter main condition	d.	☐ Only 1 condition ____ Enter main condition	☐ Only 1 condition ____ Enter main condition

29a. Was -- a patient in a hospital at any time since __(date)__ a year ago?	29a.	Y N (Item C)
b. How many times was -- in a hospital since __(date)__ a year ago?	b.	___ Times (Item C)
30a. Was anyone in the family in a nursing home, convalescent home, or similar place since __(date)__ a year ago? Y N (31)		
b. Who was this? – Circle "Y" in person's column.	30b.	Y
If "Y," ask: **c. During that period, how many times was -- in a nursing home or similar place?**	c.	___ Times (Item C)
Ask for each child 1 year old or under if date of birth is on or after reference date. **31a. Was -- born in a hospital?** If "Yes," and no hospitalizations entered in his and/or mother's column, enter "1" in 29b and item C. If "Yes," and a hospitalization is entered for the mother and/or baby, ask 31b for each.	31a.	Y N NP)
b. Is this hospitalization included in the number you gave me for --? If "No," correct entries in 29 and item C for mother and/or baby.	b.	Y N

FOOTNOTES

Y N (Item C)	29a.	Y N (Item C)	Y N (Item C)	29a.	Y N (Item C)	Y N (Item C)
____ Times (Item C)	b.	____ Times (Item C)	____ Times (Item C)	b.	____ Times (Item C)	____ Times (Item C)
Y	30b.	Y	Y	30b.	Y	Y
____ Times (Item C)	c.	____ Times (Item C)	____ Times (Item C)	c.	____ Times (Item C)	____ Times (Item C)
Y N (NP)	31a.	Y N (NP)	Y N (NP)	31a.	Y N (NP)	Y N (NP)
Y N	b.	Y N	Y N	b.	Y N	Y N

FOOTNOTES

19<

1	32a. **DURING THE PAST 12 MONTHS, did anyone in the family (you, your —, etc.) have –** If "Yes," ask 32b and c. **b. Who was this?** Enter name of condition and letter of line where reported in appropriate person's column in item C. **c. During the past 12 months, did anyone else have . . .?** Conditions affecting the digestive system. Make no entry in item C for cold, flu, or grippe even if reported in question 32.	**A. Gallstones?**	**I. Any disease of the pancreas?**
		B. Any other gallbladder trouble?	**J. Ulcer?**
		C. Cirrhosis of the liver?	**K. Hernia or rupture?**
		D. Fatty liver?	**L. A disease of the esophagus?**
		E. Hepatitis?	**M. Gastritis?**
		F. Yellow jaundice?	**N. FREQUENT indigestion?**
		G. Any other liver trouble?	**O. Any other stomach trouble?**
		H. Diabetes?	**P. Enteritis?**

2	32a. **Does anyone in the family (you, your —, etc.) NOW have –** If "Yes," ask 32b and c. **b. Who is this?** Enter name of condition and letter of line where reported in appropriate person's column in item C. **c. Does anyone else have . . .?**	**A. Permanent stiffness or any deformity of the foot, leg, fingers, arm or back?** (Permanent stiffness – joints will not move at all)	
		B. Paralysis of any kind?	
	32d. **DURING THE PAST 12 MONTHS, did anyone in the family (you, your —, etc.) have** – If "Yes," ask 32e and f. **e. Who was this?** Enter name of condition and letter of line where reported in appropriate person's column in item C. **f. During the past 12 months, did anyone else have . . .?** Conditions C–N and V are conditions affecting the bone and muscle.	**C. Arthritis of any kind or Rheumatism?**	**I. Trick knee?**
		D. Gout?	**J. A slipped or ruptured disc?**
		E. Lumbago?	**K. Curvature of the spine?**
		F. Osteomyelitis? **(os-tee-oh-my-uh-lite-iss)**	**L. REPEATED trouble with neck, back, or spine?**
		G. A bone cyst or bone spur?	**M. Bursitis or Synovitis?** **(sin-uh-vite-iss)**
		H. Any other disease of the bone or cartilage?	**N. Any disease of the muscles or tendons?**

3	32a. **DURING THE PAST 12 MONTHS, did anyone in the family (you, your —, etc.) have –** If "Yes," ask 32b and c. **b. Who was this?** Enter name of condition and letter of line where reported in appropriate person's column in item C. **c. During the past 12 months, did anyone else have . . .?**	**A. Goiter or other thyroid trouble?**	Glandular disorders
		B. Diabetes?	
		C. Cystic fibrosis?	
		D. Anemia?	Blood disorder
		E. Epilepsy?	Conditions affecting the nervous system
		F. Multiple sclerosis?	
		G. Migraine?	

1	**32a. DURING THE PAST 12 MONTHS, did anyone in the family have –** If "Yes," ask 32b and c. **b. Who was this?** Enter in item C. **c. During the past 12 months, did anyone else have . . . ?** Conditions affecting the digestive system. Make no entry in item C for cold, flu, or grippe even if reported in question 32.	**Q. Diverticulitis?**	**W. Cancer of the stomach, colon or rectum?**
		R. Colitis?	**X. During the past 12 months, did anyone in the family have any other condition of the digestive system?** If "Yes," ask: **Who was this? – What was the condition?** (Enter in item C)
		S. Spastic colon?	
		T. FREQUENT constipation?	
		U. Any other bowel trouble?	
		V. Any other intestinal trouble?	

2	**32d. DURING THE PAST 12 MONTHS, did anyone in the family have –** If "Yes," ask 32e and f. **e. Who was this?** Enter in item C. **f. During the past 12 months, did anyone else have . . . ?** Conditions O–U and W–Z are conditions affecting the skin.	**O. A tumor, cyst or growth of the skin?**	**U. Dermatitis or any other skin trouble?**
		P. Eczema or psoriasis? (so-rye-uh-sis)	**V. TROUBLE with fallen arches, flatfeet or clubfoot?**
		Q. TROUBLE with dry or itching skin?	**W. TROUBLE with ingrown toenails or fingernails?**
		R. TROUBLE with acne?	**X. TROUBLE with bunions, corns, or calluses?**
		S. A skin ulcer?	**Y. A disease of the hair or scalp?**
		T. Any kind of skin allergy?	**Z. Any disease of the lymph or sweat glands?**

3	**32a. DURING THE PAST 12 MONTHS, did anyone in the family have –** If "Yes," ask 32b and c. **b. Who was this?** Enter in item C. **c. During the past 12 months, did anyone else have . . . ?**	**H. Neuralgia or neuritis?**	Conditions affecting the nervous system
		I. Sciatica?	
		J. Nephritis?	Genitourinary conditions
		K. Kidney stones?	
		L. Any other kidney trouble?	
		M. Bladder trouble?	
		N. Prostate trouble?	
		O. Disease of the uterus or ovary?	
		P. Any other female trouble?	

4	32a. Does anyone in the family (you, your ——, etc.) NOW have – If "Yes," ask 32b and c. b. Who is this? – Enter name of condition and letter of line where reported in appropriate person's column in item C. c. Does anyone else have . . .? A–L are conditions affecting { hearing vision speech }	A. Deafness in one or both ears?		H. A detached retina or any other condition of the retina?	
		B. Any other trouble hearing with one or both ears?		I. Any other trouble seeing with one or both eyes even when wearing glasses?	
		C. Tinnitus or ringing in the ears?		J. A cleft palate or harelip?	
		D. Blindness in one or both eyes?		K. Stammering or stuttering?	
		E. Cataracts?		L. Any other speech defect?	
		F. Glaucoma?		M. A missing finger, hand, or arm, toe, foot, or leg?	
		G. Color blindness?		N. A missing (breast), kidney or lung?	
5	32a. Has anyone in the family (you, your ——, etc.) EVER had – If "Yes," ask 32b and c. b. Who was this? – Enter name of condition and letter of line where reported in appropriate person's column in item C. c. Has anyone else ever had. . .? Conditions affecting the heart and circulatory system.	A. Rheumatic fever?		G. Stroke or a cerebrovascular accident?	
		B. Rheumatic heart disease?		H. Hemorrhage of the brain?	
		C. Hardening of the arteries or arteriosclerosis?		I. Angina pectoris?	
		D. Congenital heart disease?		J. Myocardial infarction?	
		E. Coronary heart disease?		K. Any other heart attack?	
		F. High blood pressure?			
6	32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your ——, etc.) have – If "Yes," ask 32b and c. b. Who was this? – Enter name of condition and letter of line where reported in appropriate person's column in item C. c. During the past 12 months did anyone else have . . .? Conditions affecting the respiratory system.	A. Bronchitis?		F. Sinus trouble?	
		B. Bronchiectasis? (brong ke-ek tah-sis)		G. Deflected or deviated nasal septum?	
		C. Asthma?		H. *Tonsillitis or enlargement of the tonsils or adenoids?	
		D. Hay fever?			
		E. Nasal polyp?		I. *Laryngitis?	
		*If reported in question 32 only, ask: 1. How many times did —— have . . . in the past 12 months? – If 2+ enter in item C. If only 1 time, ask: 2. How long did it last? – If 1 month or longer, enter in item C. If less than 1 month, do not record. If tonsils or adenoids removed during the past 12 months, enter condition causing removal in item C. Make no entry in item C for cold, flu, red, sore, or strep throat, or "virus" reported in answer to question 32.			

4	32a. Does anyone in the family NOW have – If "Yes," ask 32b and c. b. Who is this? Enter in item C. c. Does anyone else have . . . ? Conditions O–W are impairments. Conditions Y and Z affect the nervous system.	O. Palsy or cerebral palsy?		U. **PERMANENT** stiffness or any deformity of the back, feet, or leg? (Permanent stiffness – joints will not move at all)	
		P. Paralysis of any kind?		V. **PERMANENT** stiffness or any deformity of the fingers, hand, or arm?	
		Q. Curvature of the spine?		W. Mental retardation?	
		R. **REPEATED** trouble with back or spine?		X. Any condition caused by an old accident or injury? If "Yes," ask: What is the condition?	
		S. Any **TROUBLE** with fallen arches or flatfeet?		Y. Epilepsy?	
		T. A clubfoot?		Z. **REPEATED** convulsions, seizures, or blackouts?	
5	▶32a. DURING THE PAST 12 MONTHS, did anyone in the family (you, your —, etc.) have – If "Yes," ask 32b and c. b. Who was this? Enter in item C. c. During the past 12 months did anyone else have . . .? Conditions affecting the heart and circulatory system.	◀L. Damaged heart valves?		R. Gangrene?	
		M. Tachycardia or rapid heart?		S. Varicose veins?	
		N. Heart murmur?		T. Hemorrhoids or piles?	
		O. Any other heart trouble?		U. Phlebitis or thrombophlebitis?	
		P. Aneurysm?		V. Any other condition affecting blood circulation?	
		Q. Any blood clots?			
6	32a. DURING THE PAST 12 MONTHS, did anyone in the family have – If "Yes," ask 32b and c. b. Who was this? Enter in item C. c. During the past 12 months, did anyone else have . . . ? Make no entry in item C for cold, flu, red, sore, or strep throat, or "virus" reported in answer to question 32. Conditions affecting the respiratory system.	J. Tumor, cyst, or growth of the bronchial tube or lung?		O. Tumor, cyst, or growth of the throat, larynx, or trachea?	
		K. Emphysema?		P. Any work-related respiratory condition such as dust on the lungs, silicosis or pneu-mo-co-ni-o-sis?	
		L. Pleurisy?			
		M. Tuberculosis?		Q. During the past 12 months did anyone in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? – What was the condition? (Enter in item C)	
		N. Abscess of the lung?			

33. Compared to other persons —'s age, would you say that his health is excellent, good, fair, or poor?		33.	1 E 2 G 3 F 4 P
BD	Mark box(es) from item C.	**BD**	1 ☐ 1+ Bed Days 2 ☐ 1+ Hospital Stays 3 ☐ No Bed Days
34. During the past 12 months (that is since ____(date)____ a year ago), ABOUT how many days did illness or injury keep — in bed all or most of the day? (Include the days in the past 2 weeks.) (Include the days while a patient in a hospital.) (Was it more than 7 days or less than 7 days?) (Was it more than 30 days or less than 30 days?) (Was it more than half the year or less than half the year?)		34.	0 ☐ None 1 ☐ 1–7 2 ☐ 8–30 3 ☐ 31–180 (1–6 months) 4 ☐ 181+ (6 months +)
R Q's 4–34	For persons 17 years or over, show who responded for (or was present during the asking of) Questions 4–34. If persons responded for self, show whether entirely or partly. For persons under 17, show who responded for them.	**R**	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person___was respondent

FOOTNOTES

1 E 2 G 3 F 4 P	33.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P	33.	1 E 2 G 3 F 4 P	1 E 2 G 3 F 4 P
1 ☐ 1+ Bed Days 2 ☐ 1+ Hospital Stays 3 ☐ No Bed Days	BD	1 ☐ 1+ Bed Days 2 ☐ 1+ Hospital Stays 3 ☐ No Bed Days	1 ☐ 1+ Bed Days 2 ☐ 1+ Hospital Stays 3 ☐ No Bed Days	BD	1 ☐ 1+ Bed Days 2 ☐ 1+ Hospital Stays 3 ☐ No Bed Days	1 ☐ 1+ Bed Days 2 ☐ 1+ Hospital Stays 3 ☐ No Bed Days
0 ☐ None 1 ☐ 1–7 2 ☐ 8–30 3 ☐ 31–180 (1–6 months) 4 ☐ 181+ (6 months +)	34.	0 ☐ None 1 ☐ 1–7 2 ☐ 8–30 3 ☐ 31–180 (1–6 months) 4 ☐ 181+ (6 months +)	0 ☐ None 1 ☐ 1–7 2 ☐ 8–30 3 ☐ 31–180 (1–6 months) 4 ☐ 181+ (6 months +)	34.	0 ☐ None 1 ☐ 1–7 2 ☐ 8–30 3 ☐ 31–180 (1–6 months) 4 ☐ 181+ (6 months +)	0 ☐ None 1 ☐ 1–7 2 ☐ 8–30 3 ☐ 31–180 (1–6 months) 4 ☐ 181+ (6 months +)
1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ___ was respondent	R	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ___ was respondent	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ___ was respondent	R	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ___ was respondent	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ___ was respondent

FOOTNOTES

CONDITION 1

1. Person number | Name of condition

2. When did -- last see or talk to a doctor about his . . .?
1 ☐ In interview week (Reask 2)
2 ☐ Past 2 wks. (Item C)
3 ☐ 2 wks.–6 mos.
4 ☐ Over 6–12 mos.
5 ☐ 1 yr.
6 ☐ 2–4 yrs.
7 ☐ 5+ yrs.
8 ☐ Never
9 ☐ DK if Dr. seen
0 ☐ DK when Dr. seen

A1 Examine "Name of condition" entry and mark
☐ Color blindness (NC)
☐ Accident or injury (A2)
☐ On Card C (A2)
☐ Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask:

3a. What did the doctor say it was? – Did he give it a medical name?

Do not ask for Cancer ☐ On Card C (A2)

b. What was the cause of . . .?
☐ Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment	Condition	Disorder	Trouble	Ask c.
Anemia	Cyst	Growth	Tumor	
Asthma	Defect	Measles	Ulcer	
Attack	Disease	Rupture		

c. What kind of . . . is it?

For allergy or stroke, ask:

d. How does the allergy (stroke) affect him?

If in 3a–d there is an impairment or any of the following entries:

Abscess	Damage	Paralysis	Ask e.
Ache (except head or ear)	Growth	Rupture	
Bleeding	Hemorrhage	Sore	
Blood clot	Infection	Soreness	
Boil	Inflammation	Tumor	
Cancer	Neuralgia	Ulcer	
Cramps (except menstrual)	Neuritis	Varicose veins	
	Pain	Weak	
Cyst	Palsy	Weakness	

e. What part of the body is affected?

Show the following detail:

Head	skull, scalp, face
Back, spine/vertebrae	upper, middle, lower
Ear or eye	one or both
Arm	one or both; shoulder, upper, elbow, lower, wrist, hand
Leg	one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:
1 ☐ Item 1
2 ☐ Q. 3a
3 ☐ Q. 3b
4 ☐ Q. 3c
5 ☐ Q. 3d
6 ☐ Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?	1 Y 2 N (9)
5. During that period, how many days did he cut down for as much as a day?	____ Days 00 ☐ None (9)
6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?	____ Days 00 ☐ None
Ask if 17+ years: 7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house?	____ Days (9) 00 ☐ None (9)
Ask if 6–16 years: 8. How many days did his . . . keep him from school during that 2-week period?	____ Days 00 ☐ None

9. When did -- first notice his . . .?
1 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks–DK which
4 ☐ 2 weeks–3 months
5 ☐ Over 3–12 months
6 ☐ More than 12 months ago
(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3
1 ☐ Not an eye cond. (AA)
2 ☐ First eye cond. (under 6) (AA)
3 ☐ First eye cond. (6+ yrs.) (10)
4 ☐ Not first eye cond. (AA)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his
left eye? . . . 1 Y 2 N
right eye? . . . 1 Y 2 N

FOOTNOTES

[redacted]

AA
1 ☐ Missing extremity (A4)
2 ☐ Condition in C2 does not have a letter as source (A4)
3 ☐ Condition in C2 has a letter as source, Doctor seen (11)
4 ☐ Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . .? 1 Y 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

12. Has he ever had surgery for this condition? 1 Y 2 N

13. Was he ever hospitalized for this condition? 1 Y 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .?
(Do not count visits while a patient in a hospital.)
____ Times
000 ☐ None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?
____ Days
000 ☐ None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work?
For females: Not counting work around the house?
____ Days
000 ☐ None

16a. How often does his . . . bother him – all of the time, often, once in a while, or never?
1 ☐ All the time
2 ☐ Often
3 ☐ Once in a while
0 ☐ Never (16c)
8 ☐ Other – Specify ____________

b. When it does bother him, is he bothered a great deal, some, or very little?
1 ☐ Great deal
2 ☐ Some
3 ☐ Very little
4 ☐ Other – Specify ____________

☐ All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
1 Y (A4)
N

d. Is this condition completely cured or is it under control?
2 ☐ Cured
3 ☐ Under control (A4)
4 ☐ Other – Specify ____________ (A4)

e. About how long did -- have this condition before it was cured?
0 ☐ Less than one month
______ Months ______ Years

A4
☐ Accident or injury
☐ Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
☐ During the past 2 years
☐ Before 2 years (18a)

b. When did the accident happen?
☐ Last week
☐ Week before
☐ 2 weeks–3 months
☐ Over 3–12 months
☐ 1–2 years

18a. At the time of the accident what part of the body was hurt?
What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other – Specify ____________

20. Was -- at work at his job or business when the accident happened?
1 Y
2 N
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

CONDITION 2

1. Person number | Name of condition

2. When did -- last see or talk to a doctor about his . . .?
1 ☐ In interview week (Reask 2)
2 ☐ Past 2 wks. (Item C)
3 ☐ 2 wks.–6 mos.
3 ☐ Over 6–12 mos.
4 ☐ 1 yr.
5 ☐ 2–4 yrs.
6 ☐ 5+ yrs.
7 ☐ Never
8 ☐ DK if Dr. seen
9 ☐ DK when Dr. seen

A1 Examine "Name of condition" entry and mark
☐ Color blindness (NC)
☐ Accident or injury (A2)
☐ On Card C (A2)
☐ Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask:

3a. What did the doctor say it was? – Did he give it a medical name?

Do not ask for Cancer ☐ On Card C (A2)

b. What was the cause of . . .?
☐ Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment
Anemia
Asthma
Attack

Condition
Cyst
Defect
Disease

Disorder
Growth
Measles
Rupture

Trouble
Tumor
Ulcer

} Ask c:

c. What kind of . . . is it?

For allergy or stroke, ask.

d. How does the allergy (stroke) affect him?

If in 3a–d there is an impairment or any of the following entries:

Abscess
Ache (except head or ear)
Bleeding
Blood clot
Boil
Cancer
Cramps (except menstrual)
Cyst

Damage
Growth
Hemorrhage
Infection
Inflammation
Neuralgia
Neuritis
Pain
Palsy

Paralysis
Rupture
Sore
Soreness
Tumor
Ulcer
Varicose veins
Weak
Weakness

} Ask e:

e. What part of the body is affected?

Show the following detail.
Head . . . . skull, scalp, face
Back/spine/vertebrae . . . . upper, middle, lower
Ear or eye . . . . one or both
Arm . . . . one or both; shoulder, upper, elbow, lower, wrist, hand
Leg . . . . one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:
1 ☐ Item 1
2 ☐ Q. 3a
3 ☐ Q. 3b
4 ☐ Q. 3c
5 ☐ Q. 3d
6 ☐ Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does? 1 Y 2 N (9)

5. During that period, how many days did he cut down for as much as a day? ____ Days 00 None (9)

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day? ____ Days 00 None

Ask if 17+ years.
7. How many days did his . . . keep him from work during that 2-week period? (For females: not counting work around the house?) ____ Days (9) 00 ☐ None (9)

Ask if 6–16 years.
8. How many days did his . . . keep him from school during that 2-week period? ____ Days 00 ☐ None

9. When did -- first notice his . . .?
1 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks–DK which
4 ☐ 2 weeks–3 months
5 ☐ Over 3–12 months
6 ☐ More than 12 months ago
(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3
1 ☐ Not an eye cond. (AA)
2 ☐ First eye cond. (under 6) (AA)
3 ☐ First eye cond. (6+ yrs.) (10)
4 ☐ Not first eye cond. (AA)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his
left eye? . . . 1 Y 2 N
right eye? . . . 1 Y 2 N

FOOTNOTES

AA
1 ☐ Missing extremity (A4)
2 ☐ Condition in C2 does not have a letter as source (A4)
3 ☐ Condition in C2 has a letter as source, Doctor seen (11)
4 ☐ Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . .?
1 Y
2 N (12)

b. Was any of this medicine or treatment recommended by a doctor?
1 Y
2 N

12. Has he ever had surgery for this condition?
1 Y
2 N

13. Was he ever hospitalized for this condition?
1 Y
2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .?
(Do not count visits while a patient in a hospital.)
____ Times
000 ☐ None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?
____ Days
000 ☐ None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work?
For females: Not counting work around the house?
____ Days
000 ☐ None

16a. How often does his . . . bother him – all of the time, often, once in a while, or never?
1 ☐ All the time
2 ☐ Often
3 ☐ Once in a while
0 ☐ Never (16c)
4 ☐ Other – Specify ____________________

b. When it does bother him, is he bothered a great deal, some, or very little?
1 ☐ Great deal
2 ☐ Some
3 ☐ Very little
4 ☐ Other – Specify ____________________

☐ All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
1 Y (A4)
N

d. Is this condition completely cured or is it under control?
2 ☐ Cured
3 ☐ Under control (A4)
4 ☐ Other – Specify ____________________ (A4)

e. About how long did -- have this condition before it was cured?
0 ☐ Less than one month
______ Months
______ Years

A4
☐ Accident or injury
☐ Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
☐ During the past 2 years
☐ Before 2 years (19a)

b. When did the accident happen?
☐ Last week
☐ Week before
☐ 2 weeks–3 months
☐ Over 3–12 months
☐ 1–2 years

18a. At the time of the accident what part of the body was hurt?
What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other – Specify ____________________

20. Was -- at work at his job or business when the accident happened?
1 Y
2 N
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1 Y
2 N (NC)

b. Was more than one vehicle involved?
Y
N

c. Was it (either one) moving at the time?
1 Y
2 N

CONDITION 3

1. Person number

Name of condition

2. When did -- last see or talk to a doctor about his . . .?

1 ☐ In interview week (Reask 2)

1 ☐ Past 2 wks. (Item C)
2 ☐ 2 wks.–6 mos.
3 ☐ Over 6–12 mos.
4 ☐ 1 yr.

5 ☐ 2–4 yrs.
6 ☐ 5+ yrs.
7 ☐ Never
8 ☐ DK if Dr. seen
9 ☐ DK when Dr. seen

A1 Examine "Name of condition" entry and mark
☐ Color blindness (NC)
☐ Accident or injury (A2)
☐ On Card C (A2)
☐ Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask.

3a. What did the doctor say it was? – Did he give it a medical name?

Do not ask for Cancer ☐ On Card C (A2)

b. What was the cause of . . .?

☐ Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment
Anemia
Asthma
Attack
Condition
Cyst
Defect
Disease
Disorder
Growth
Measles
Rupture
Trouble
Tumor
Ulcer

} Ask c:

c. What kind of . . . is it?

For allergy or stroke, ask

d. How does the allergy (stroke) affect him?

If in 3a–d there is an impairment or any of the following entries:

Abscess
Ache (except head or ear)
Bleeding
Blood clot
Boil
Cancer
Cramps (except menstrual)
Cyst
Damage
Growth
Hemorrhage
Infection
Inflammation
Neuralgia
Neuritis
Pain
Palsy
Paralysis
Rupture
Sore
Soreness
Tumor
Ulcer
Varicose veins
Weak
Weakness

} Ask e.

e. What part of the body is affected?

Show the following detail:

Head	skull, scalp, face
Back/spine/vertebrae	upper, middle, lower
Ear or eye	one or both
Arm	one or both; shoulder, upper, elbow, lower, wrist, hand
Leg	one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:
1 ☐ Item 1
2 ☐ Q. 3a
3 ☐ Q. 3b
4 ☐ Q. 3c
5 ☐ Q. 3d
6 ☐ Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?	1 Y 2 N (9)
5. During that period, how many days did he cut down for as much as a day?	____ Days 00 ☐ None (9)
6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?	____ Days 00 ☐ None
Ask if 17+ years: 7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house?	____ Days (9) 00 ☐ None (9)
Ask if 6–16 years: 8. How many days did his . . . keep him from school during that 2-week period?	____ Days 00 ☐ None

9. When did -- first notice his . . .?

1 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks–DK which
4 ☐ 2 weeks–3 months
5 ☐ Over 3–12 months
6 ☐ More than 12 months ago

(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3
1 ☐ Not an eye cond. (AA)
2 ☐ First eye cond. (under 6) (AA)
3 ☐ First eye cond. (6+ yrs.) (10)
4 ☐ Not first eye cond. (AA)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his
left eye? . . . 1 Y 2 N
right eye? . . . 1 Y 2 N

FOOTNOTES

AA

1 ☐ Missing extremity (A4)
2 ☐ Condition in C2 does not have a letter as source (A4)
3 ☐ Condition in C2 has a letter as source, Doctor seen (11)
4 ☐ Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . .? 1 Y 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

12. Has he ever had surgery for this condition? 1 Y 2 N

13. Was he ever hospitalized for this condition? 1 Y 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .? ____ Times
(Do not count visits while a patient in a hospital.) 000 ☐ None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? ____ Days
000 ☐ None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? ____ Days
For females: Not counting work around the house? 000 ☐ None

16a. How often does his . . . bother him – all of the time, often, once in a while, or never?
1 ☐ All the time 2 ☐ Often 3 ☐ Once in a while
0 ☐ Never (16c) 8 ☐ Other – Specify ____________

b. When it does bother him, is he bothered a great deal, some, or very little?
1 ☐ Great deal 2 ☐ Some 3 ☐ Very little
8 ☐ Other – Specify ____________

☐ All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
1 Y (A4) N

d. Is this condition completely cured or is it under control?
2 ☐ Cured 3 ☐ Under control (A4)
8 ☐ Other – Specify ____________ (A4)

e. About how long did -- have this condition before it was cured?
0 ☐ Less than one month ______ Months ______ Years

A4 ☐ Accident or injury ☐ Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
☐ During the past 2 years ☐ Before 2 years (18a)

b. When did the accident happen?
☐ Last week ☐ Over 3–12 months
☐ Week before ☐ 1–2 years
☐ 2 weeks–3 months

18a. At the time of the accident what part of the body was hurt?
What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other – Specify ____________

20. Was -- at work at his job or business when the accident happened?
1 Y 3 ☐ While in Armed Services
2 N 4 ☐ Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

CONDITION 4

1. Person number

Name of condition

2. When did -- last see or talk to a doctor about his . . .?

1 ☐ In interview week (Reask 2)

1 ☐ Past 2 wks. (Item C)
2 ☐ 2 wks.–6 mos.
3 ☐ Over 6–12 mos.
4 ☐ 1 yr.
5 ☐ 2–4 yrs.
6 ☐ 5+ yrs.
7 ☐ Never
8 ☐ DK if Dr. seen
9 ☐ DK when Dr. seen

A1 Examine "Name of condition" entry and mark

☐ Color blindness (NC)
☐ Accident or injury (A2)
☐ On Card C (A2)
☐ Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask:

3a. What did the doctor say it was? – Did he give it a medical name?

Do not ask for Cancer ☐ On Card C (A2)

b. What was the cause of . . .?

☐ Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment
Anemia
Asthma
Attack
Condition
Cyst
Defect
Disease
Disorder
Growth
Measles
Rupture
Trouble
Tumor
Ulcer

} Ask c:

c. What kind of . . . is it?

For allergy or stroke, ask:

d. How does the allergy (stroke) affect him?

If in 3a–d there is an impairment or any of the following entries:

Abscess
Ache (except head or ear)
Bleeding
Blood clot
Boil
Cancer
Cramps (except menstrual)
Cyst
Damage
Growth
Hemorrhage
Infection
Inflammation
Neuralgia
Neuritis
Pain
Palsy
Paralysis
Rupture
Sore
Soreness
Tumor
Ulcer
Varicose veins
Weak
Weakness

} Ask e:

e. What part of the body is affected?

Show the following detail:

Head	skull, scalp, face
Back/spine/vertebrae	upper, middle, lower
Ear or eye	one or both
Arm	one or both; shoulder, upper, elbow, lower, wrist, hand
Leg	one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:

1 ☐ Item 1
2 ☐ Q. 3a
3 ☐ Q. 3b
4 ☐ Q. 3c
5 ☐ Q. 3d
6 ☐ Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?	1 Y 2 N (9)
5. During that period, how many days did he cut down for as much as a day?	____ Days 00 None (9)
6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?	____ Days 00 None
Ask if 17+ years: 7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house?	____ Days (9) 00 ☐ None (9)
Ask if 6–16 years: 8. How many days did his . . . keep him from school during that 2-week period?	____ Days 00 ☐ None

9. When did -- first notice his . . .?

1 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks—DK which
4 ☐ 2 weeks–3 months
5 ☐ Over 3–12 months
6 ☐ More than 12 months ago

(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3

1 ☐ Not an eye cond. (AA)
2 ☐ First eye cond. (under 6) (AA)
3 ☐ First eye cond. (6+ yrs.) (10)
4 ☐ Not first eye cond. (AA)

10. Can — see well enough to read ordinary newspaper print WITH GLASSES with his

left eye? . . . 1 Y 2 N
right eye? . . . 1 Y 2 N

FOOTNOTES

AA
1 ☐ Missing extremity (A4)
2 ☐ Condition in C2 does not have a letter as source (A4)
3 ☐ Condition in C2 has a letter as source, Doctor seen (11)
4 ☐ Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . .?
1 Y
2 N (12)

b. Was any of this medicine or treatment recommended by a doctor?
1 Y
2 N

12. Has he ever had surgery for this condition?
1 Y
2 N

13. Was he ever hospitalized for this condition?
1 Y
2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .?
(Do not count visits while a patient in a hospital.)
____ Times
000 ☐ None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?
____ Days
000 ☐ None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work?
For females: **Not counting work around the house?**
____ Days
000 ☐ None

16a. How often does his . . . bother him – all of the time, often, once in a while, or never?
1 ☐ All the time
4 ☐ Often
3 ☐ Once in a while
9 ☐ Never (16c)
8 ☐ Other – Specify ____________

b. When it does bother him, is he bothered a great deal, some, or very little?
1 ☐ Great deal
2 ☐ Some
3 ☐ Very little
4 ☐ Other – Specify ____________

☐ All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?
1 Y (A4)
N

d. Is this condition completely cured or is it under control?
2 ☐ Cured
3 ☐ Under control (A4)
4 ☐ Other – Specify ____________ (A4)

e. About how long did -- have this condition before it was cured?
0 ☐ Less than one month
______ Months ______ Years

A4
☐ Accident or injury
☐ Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
☐ During the past 2 years
☐ Before 2 years (18a)

b. When did the accident happen?
☐ Last week
☐ Week before
☐ 2 weeks–3 months
☐ Over 3–12 months
☐ 1–2 years

18a. At the time of the accident what part of the body was hurt?
What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
How is his — affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other – Specify ____________

20. Was -- at work at his job or business when the accident happened?
1 Y
2 N
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1 Y
2 N (NC)

b. Was more than one vehicle involved?
Y
N

c. Was it (either one) moving at the time?
1 Y
2 N

CONDITION 5

1. Person number | Name of condition

2. When did -- last see or talk to a doctor about his . . .?
1 ☐ In interview week (Reask 2)
2 ☐ Past 2 wks. (Item C)
3 ☐ 2 wks.–6 mos.
4 ☐ Over 6–12 mos.
5 ☐ 1 yr.
6 ☐ 2–4 yrs.
7 ☐ 5+ yrs.
8 ☐ Never
9 ☐ DK if Dr. seen
0 ☐ DK when Dr. seen

A1 Examine "Name of condition" entry and mark
☐ Color blindness (NC)
☐ Accident or injury (A2)
☐ On Card C (A2)
☐ Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask

3a. What did the doctor say it was? – Did he give it a medical name?

Do not ask for Cancer ☐ On Card C (A2)

b. What was the cause of . . .?
☐ Accident or injury (A2)

If the entry in 3a or 3b includes the words:

Ailment	Condition	Disorder	Trouble	Ask c:
Anemia	Cyst	Growth	Tumor	
Asthma	Defect	Measles	Ulcer	
Attack	Disease	Rupture		

c. What kind of . . . is it?

For allergy or stroke, ask

d. How does the allergy (stroke) affect him?

If in 3a–d there is an impairment or any of the following entries:

Abscess	Damage	Paralysis	Ask e.
Ache (except head or ear)	Growth	Rupture	
Bleeding	Hemorrhage	Sore	
Blood clot	Infection	Soreness	
Boil	Inflammation	Tumor	
Cancer	Neuralgia	Ulcer	
Cramps (except menstrual)	Neuritis	Varicose veins	
	Pain	Weak	
Cyst	Palsy	Weakness	

e. What part of the body is affected?

Show the following detail:

Head . . . . skull, scalp, face
Back-spine/vertebra . . . . . . upper, middle, lower
Ear or eye . . . . one or both
Arm . . . . one or both; shoulder, upper, elbow, lower, wrist, hand
Leg . . . . one or both; hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in:
1 ☐ Item 1
2 ☐ Q. 3a
3 ☐ Q. 3b
4 ☐ Q. 3c
5 ☐ Q. 3d
6 ☐ Q. 3e

4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does? 1 Y 2 N (9)

5. During that period, how many days did he cut down for as much as a day? ____ Days 00 ☐ None (9)

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day? ____ Days 00 ☐ None

Ask if 17+ years

7. How many days did his . . . keep him from work during that 2-week period? (For females) not counting work around the house? ____ Days (9) 00 ☐ None (9)

Ask if 6–16 years

8. How many days did his . . . keep him from school during that 2-week period? ____ Days 00 ☐ None

9. When did -- first notice his . . .?
1 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks–DK which
4 ☐ 2 weeks–3 months
5 ☐ Over 3–12 months
6 ☐ More than 12 months ago
(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A3
1 ☐ Not an eye cond. (AA)
2 ☐ First eye cond. (under 6) (AA)
3 ☐ First eye cond. (6+ yrs.) (10)
4 ☐ Not first eye cond. (AA)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his
left eye? . . . 1 Y 2 N
right eye? . . . 1 Y 2 N

FOOTNOTES

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AA
1 ☐ Missing extremity (A4)
2 ☐ Condition in C2 does not have a letter as source (A4)
3 ☐ Condition in C2 has a letter as source, Doctor seen (11)
4 ☐ Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . .?
1 Y
2 N (12)

b. Was any of this medicine or treatment recommended by a doctor?
1 Y
2 N

12. Has he ever had surgery for this condition?
1 Y
2 N

13. Was he ever hospitalized for this condition?
1 Y
2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .?
(Do not count visits while a patient in a hospital.)
____ Times
000 ☐ None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?
____ Days
000 ☐ None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work?
For females: Not counting work around the house?
____ Days
000 ☐ None

16a. How often does his . . . bother him – all of the time, often, once in a while, or never?
1 ☐ All the time
2 ☐ Often
3 ☐ Once in a while
4 ☐ Never (16c)
8 ☐ Other – Specify ____________________

b. When it does bother him, is he bothered a great deal, some, or very little?
1 ☐ Great deal
2 ☐ Some
3 ☐ Very little
4 ☐ Other – Specify ____________________

☐ All the time in 16a OR condition list 4 asked (A4)

c. Does — still have this condition?
1 Y (A4)
N

d. Is this condition completely cured or is it under control?
1 ☐ Cured
3 ☐ Under control (A4)
4 ☐ Other – Specify ____________________ (A4)

e. About how long did -- have this condition before it was cured?
0 ☐ Less than one month
______ Months
______ Years

A4
☐ Accident or injury
☐ Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
☐ During the past 2 years
☐ Before 2 years (18a)

b. When did the accident happen?
☐ Last week
☐ Week before
☐ 2 weeks–3 months
☐ Over 3–12 months
☐ 1–2 years

18a. At the time of the accident what part of the body was hurt?
What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
9 ☐ Other – Specify ____________________

20. Was -- at work at his job or business when the accident happened?
1 Y
2 N
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1 Y
2 N (NC)

b. Was more than one vehicle involved?
Y
N

c. Was it (either one) moving at the time?
1 Y
2 N

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CONDITION 6

1. **Person number**	**Name of condition**

2. **When did -- last see or talk to a doctor about his . . . ?**

1 ☐ In interview week (Reask 2)
2 ☐ Past 2 wks. (Item C)
3 ☐ 2 wks.–6 mos.
4 ☐ Over 6–12 mos.
5 ☐ 1 yr.
6 ☐ 2–4 yrs.
7 ☐ 5+ yrs.
8 Never
9 DK if Dr. seen
DK when Dr. seen

A1 Examine "Name of condition" entry and mark
☐ Color blindness (NC)
☐ Accident or injury (A2)
☐ On Card C (A2)
☐ Neither (3a)

If "Doctor not talked to," transcribe entry from item 1.
If "Doctor talked to," ask

3a. **What did the doctor say it was? – Did he give it a medical name?**

Do not ask for Cancer ☐ On Card C (A2)

b. **What was the cause of . . . ?**
☐ Accident or injury (A2)

If the entry in 3a or 3b includes the words

Ailment
Anemia
Asthma
Attack
Condition
Cyst
Defect
Disease
Disorder
Growth
Measles
Rupture
Trouble
Tumor
Ulcer
} Ask c

c. **What kind of . . . is it?**

For allergy or stroke, ask

d. **How does the allergy (stroke) affect him?**

If in 3a–d there is an impairment or any of the following entries

Abscess
Ache (except head or ear)
Bleeding
Blood clot
Boil
Cancer
Cramps (except menstrual)
Cyst
Damage
Growth
Hemorrhage
Infection
Inflammation
Neuralgia
Neuritis
Pain
Palsy
Paralysis
Rupture
Sore
Soreness
Tumor
Ulcer
Varicose veins
Weak
Weakness
} Ask e

e. **What part of the body is affected?**

Show the following detail

Head . . . . skull, scalp, face
Back/spine/vertebrae . . . . upper, middle, lower
Ear or eye . . . . one or both
Arm . . . . one or both: shoulder, upper, elbow, lower, wrist, hand
Leg . . . . one or both, hip, upper, knee, lower, ankle, foot

A2 Ask remaining questions as appropriate for the condition entered in
1 ☐ Item 1
2 ☐ Q. 3a
3 ☐ Q. 3b
4 ☐ Q. 3c
5 ☐ Q. 3d
6 ☐ Q. 3e

4. **During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?** 1 Y 2 N (9)

5. **During that period, how many days did he cut down for as much as a day?** ___ Days 00 None (9)

6. **During that 2-week period, how many days did his . . . keep him in bed all or most of the day?** ___ Days 00 None

Ask if 17+ years
7. **How many days did his . . . keep him from work during that 2-week period?** (For employed persons, not counting work around the house) ___ Days (9) 00 None (9)

Ask if 6–16 years
8. **How many days did his . . . keep him from school during that 2-week period?** ___ Days 00 None

9. **When did -- first notice his . . . ?**
1 Last week
2 Week before
3 Past 2 weeks–DK which
4 2 weeks–3 months
5 Over 3–12 months
6 More than 12 months ago
(**Was it during the past 12 months or before that time?**)
(**Was it during the past 3 months or before that time?**)
(**Was it during the past 2 weeks or before that time?**)

A3
1 ☐ Not an eye cond. (A4)
2 ☐ First eye cond. (under 6) (A4)
3 ☐ First eye cond. (6+ yrs.) (10)
4 ☐ Not first eye cond. (A4)

10. **Can -- see well enough to read ordinary newspaper print WITH GLASSES with his** {left / right} **eye?** 1 Y 2 N

FOOTNOTES

AA

1 ☐ Missing extremity (A4)
2 ☐ Condition in C2 does not have a letter as source (A4)
3 ☐ Condition in C2 has a letter as source, Doctor seen (11)
4 ☐ Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . .? 1 Y 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

12. Has he ever had surgery for this condition? 1 Y 2 N

13. Was he ever hospitalized for this condition? 1 Y 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .? ____ Times

(Do not count visits while a patient in a hospital.) 000 ☐ None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? ____ Days

000 ☐ None

Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? ____ Days

For females: Not counting work around the house? 000 ☐ None

16a. How often does his . . . bother him – all of the time, often, once in a while, or never?

1 ☐ All the time 2 ☐ Often 3 ☐ Once in a while
5 ☐ Never (16c) 4 ☐ Other – Specify ____________

b. When it does bother him, is he bothered a great deal, some, or very little?

1 ☐ Great deal 2 ☐ Some 3 ☐ Very little
4 ☐ Other – Specify ____________

☐ All the time in 16a OR condition list 4 asked (A4)

c. Does -- still have this condition?

1 Y (A4) N

d. Is this condition completely cured or is it under control?

2 ☐ Cured 3 ☐ Under control (A4)
4 ☐ Other – Specify ____________ (A4)

e. About how long did -- have this condition before it was cured?

0 ☐ Less than one month ______ Months ______ Years

A4 ☐ Accident or injury ☐ Other (NC)

17a. Did the accident happen during the past 2 years or before that time?

☐ During the past 2 years ☐ Before 2 years (18a)

b. When did the accident happen?

☐ Last week ☐ Over 3–12 months
☐ Week before ☐ 1–2 years
☐ 2 weeks–3 months

18a. At the time of the accident what part of the body was hurt?

What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. Where did the accident happen?

1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other – Specify ____________

20. Was -- at work at his job or business when the accident happened?

1 Y 3 ☐ While in Armed Services
2 N 4 ☐ Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

2-WEEKS DOCTOR VISITS PAGE

	1.	Person number ______
Earlier, you told me that -- had seen or talked to a doctor during the past 2 weeks. 2a. On what (other) dates during that 2-week period did -- visit or talk to a doctor?	2a.	____ Month ____ Date OR { 7777 ☐ Last week 8888 ☐ Week before
b. Were there any other doctor visits for him during that period?	b.	Y (Reask 2a and b) N (Ask 3–6 for each visit)
3. Where did he see the doctor on the (date), at a clinic, hospital, doctor's office, or some other place? If Hospital: Was it the outpatient clinic or the emergency room? If Clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?	3.	0 ☐ While inpatient in hospital (Next DV) 1 ☐ Doctor's office (group practice or doctor's clinic) 2 ☐ Telephone 3 ☐ Hospital Outpatient Clinic 4 ☐ Home 5 ☐ Hospital Emergency Room 6 ☐ Company or industry Clinic 7 ☐ Other (Specify) ⌐ ______
4. Was the doctor a general practitioner or a specialist?	4.	01 ☐ General practitioner ☐ Specialist – What kind of specialist is he? ⌐ ______
5. During this visit (call) did -- actually see (talk to) the doctor?	5.	1 Y 2 N
6a. Why did he visit (call) the doctor on (date) ? Write in reason Mark appropriate box(es)	6a.	______ 1 ☐ Diag. or treatment (6c) 2 ☐ General checkup (6b) 3 ☐ Pre or Postnatal care } (Next DV) 4 ☐ Eye exam. (glasses) } (Next DV) 5 ☐ Immunization } (Next DV) 6 ☐ Other ______ } (Next DV)
b. Was this for any specific condition?	b.	Y (Enter condition in 6a and change to "Diag. or treatment") N (Next DV)
Mark box or ask: c. For what condition did -- visit (call) the doctor on (date) ?	c.	☐ Condition reported in 6a ______

FOOTNOTES

PI	A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.

1.	Person number ______	1.	Person number ______	1.	Person number ______
2a.	______ Month ______ Date OR { 7777 ☐ Last week 8888 ☐ Week before	2a.	______ Month ______ Date OR { 7777 ☐ Last week 8888 ☐ Week before	2a.	______ Month ______ Date OR { 7777 ☐ Last week 8888 ☐ Week before
b.	Y *(Reask 2a and b)* N *(Ask 3–6 for each visit)*	b.	Y *(Reask 2a and b)* N *(Ask 3–6 for each visit)*	b.	Y *(Reask 2a and b)* N *(Ask 3–6 for each visit)*
3.	0 ☐ While inpatient in hospital *(Next DV)* 1 ☐ Doctor's office (group practice or doctor's clinic) 2 ☐ Telephone 3 ☐ Hospital Outpatient Clinic 4 ☐ Home 5 ☐ Hospital Emergency Room 6 ☐ Company or Industry Clinic 7 ☐ Other *(Specify)* ↗ ______	3.	0 ☐ While inpatient in hospital *(Next DV)* 1 ☐ Doctor's office (group practice or doctor's clinic) 2 ☐ Telephone 3 ☐ Hospital Outpatient Clinic 4 ☐ Home 5 ☐ Hospital Emergency Room 6 ☐ Company or Industry Clinic 7 ☐ Other *(Specify)* ↗ ______	3.	0 ☐ While inpatient in hospital *(Next DV)* 1 ☐ Doctor's office (group practice or doctor's clinic) 2 ☐ Telephone 3 ☐ Hospital Outpatient Clinic 4 ☐ Home 5 ☐ Hospital Emergency Room 6 ☐ Company or Industry Clinic 7 ☐ Other *(Specify)* ↗ ______
4.	01 ☐ General practitioner ☐ Specialist – What kind of specialist is he? ↗ ______	4.	01 ☐ General practitioner ☐ Specialist – What kind of specialist is he? ↗ ______	4.	01 ☐ General practitioner ☐ Specialist – What kind of specialist is he? ↗ ______
5.	1 Y 2 N	5.	1 Y 2 N	5.	1 Y 2 N
6a.	______ 1 ☐ Diag. or treatment *(6c)* 2 ☐ General checkup *(6b)* 3 ☐ Pre or Postnatal care 4 ☐ Eye exam. (glasses) 5 ☐ Immunization 6 ☐ Other ______ } *(Next DV)*	6a.	______ 1 ☐ Diag. or treatment *(6c)* 2 ☐ General checkup *(6b)* 3 ☐ Pre or Postnatal care 4 ☐ Eye exam. (glasses) 5 ☐ Immunization 6 ☐ Other ______ } *(Next DV)*	6a.	______ 1 ☐ Diag. or treatment *(6c)* 2 ☐ General checkup *(6b)* 3 ☐ Pre or Postnatal care 4 ☐ Eye exam. (glasses) 5 ☐ Immunization 6 ☐ Other ______ } *(Next DV)*
b.	Y *(Enter condition in 6a and change to "Diag. or treatment")* N *(Next DV)*	b.	Y *(Enter condition in 6a and change to "Diag. or treatment")* N *(Next DV)*	b.	Y *(Enter condition in 6a and change to "Diag. or treatment")* N *(Next DV)*
c.	☐ Condition reported in 6a ______	c.	☐ Condition reported in 6a ______	c.	☐ Condition reported in 6a ______

FOOTNOTES

PI A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.

HOSPITAL PAGE	1.	Person number ____________
You said that -- was in the hospital (nursing home) during the past year. 2. When did -- enter the hospital (nursing home) (the last time)? USE YOUR CALENDAR Make sure the YEAR is correct	2.	Month | Date | Year 19 ____
3. What is the name and address of this hospital (nursing home)?	3.	Name Street City (or county) State
4. How many nights was -- in the hospital (nursing home)?	4.	______ Nights
Complete 5 from entries in 2 and 4; if not clear, ask the questions. 5a. How many of these -- nights were during the past 12 months?	5a.	______ Nights
b. How many of these -- nights were during the past 2 weeks?	b.	______ Nights
c. Was -- still in the hospital (nursing home) last Sunday night for this hospitalization (stay)?	c.	Y N
6. For what condition did -- enter the hospital (nursing home) – do you know the medical name? If medical name unknown, enter an adequate description. For delivery ask: Was this a normal delivery? For newborn, ask: Was the baby normal at birth? } If "NO," ask: What was the matter? Show CAUSE, KIND, and PART OF BODY in same detail as required for the Condition page.	6.	☐ Normal delivery ☐ Normal at birth Condition Cause ☐ On Card C ☐ Acc. or inj. Kind Part of body
7a. Were any operations performed on -- during this stay at the hospital (nursing home)?	7a.	Y N (Next Hosp)
b. What was the name of the operation? If name of operation is not known, describe what was done.	b.	
c. Any other operations during this stay?	c.	Y (Describe) N ______________________

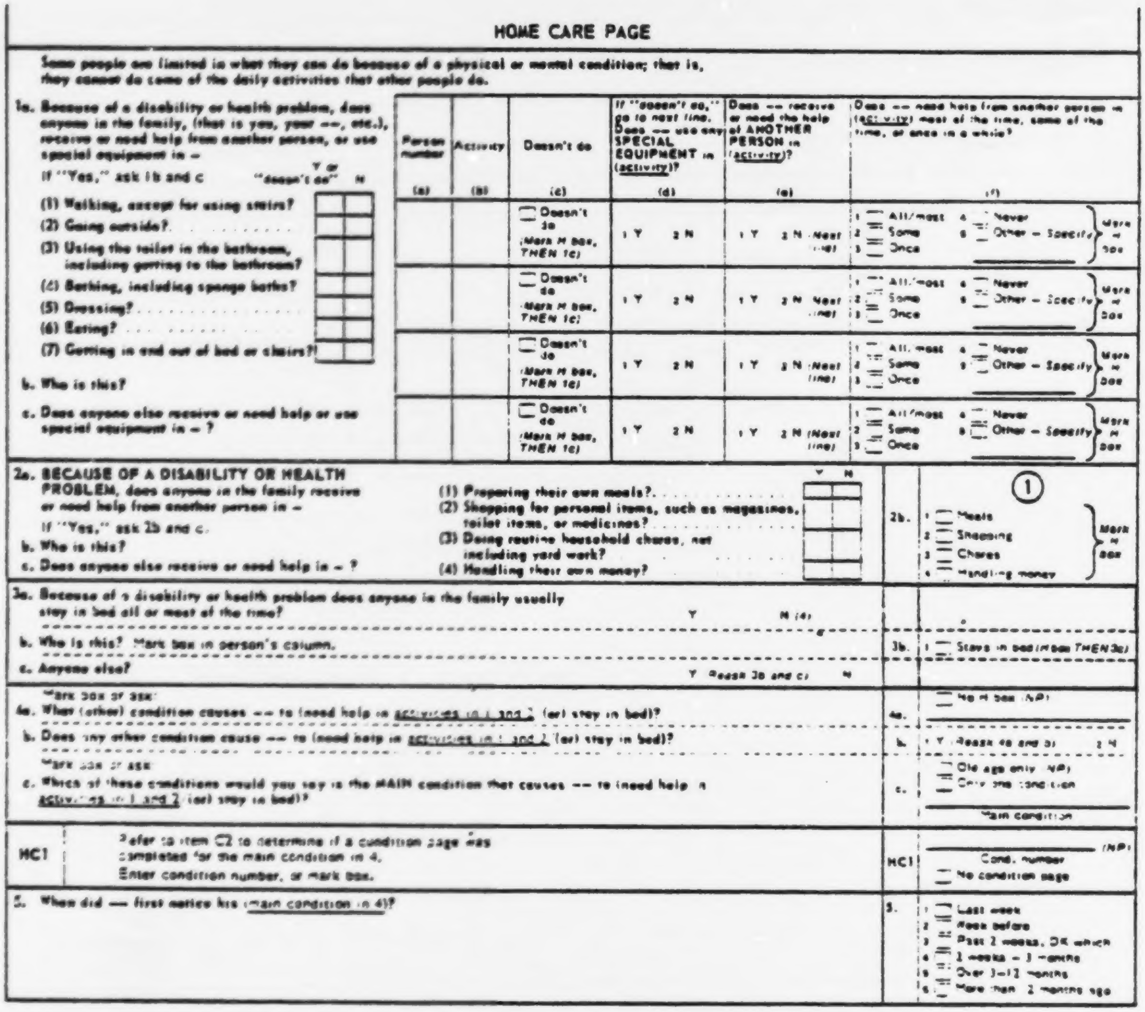
FOOTNOTES

P2 A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.

1.	Person number ______	1.	Person number ______	1.	Person number ______
2.	Month Date Year 19 ___	2.	Month Date Year 19 ___	2.	Month Date Year 19 ___
3.	Name Street City (or county) State	3.	Name Street City (or county) State	3.	Name Street City (or county) State
4.	______ Nights	4.	______ Nights	4.	______ Nights
5a.	______ Nights	5a.	______ Nights	5a.	______ Nights
b.	______ Nights	b.	______ Nights	b.	______ Nights
c.	Y N	c.	Y N	c.	Y N
6.	☐ Normal delivery ☐ Normal at birth Condition Cause ☐ On Card C ☐ Acc. or inj. Kind Part of body	6.	☐ Normal delivery ☐ Normal at birth Condition Cause ☐ On Card C ☐ Acc. or inj. Kind Part of body	6.	☐ Normal delivery ☐ Normal at birth Condition Cause ☐ On Card C ☐ Acc. or inj. Kind Part of body
7a.	Y N (Next Hosp)	7a.	Y N (Next Hosp)	7a.	Y N (Next Hosp)
b.		b.		b.	
c.	Y (Describe) N ______	c.	Y (Describe) N ______	c.	Y (Describe) N ______

FOOTNOTES

P2 A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required hospitalizations.



HOME CARE PAGE

Some people are limited in what they can do because of a physical or mental condition; that is, they cannot do some of the daily activities that other people do.

1a. Because of a disability or health problem, does anyone in the family, (that is you, your --, etc.), receive or need help from another person, or use special equipment in –

If "Yes," ask 1b and c

	Y or "doesn't do"	N
(1) Walking, except for using stairs?		
(2) Going outside?		
(3) Using the toilet in the bathroom, including getting to the bathroom?		
(4) Bathing, including sponge baths?		
(5) Dressing?		
(6) Eating?		
(7) Getting in and out of bed or chairs?		

b. Who is this?

c. Does anyone else receive or need help or use special equipment in – ?

Person number (a)	Activity (b)	Doesn't do (c)	If "doesn't do," go to next line. Does -- use any SPECIAL EQUIPMENT in (activity)? (d)	Does -- receive or need the help of ANOTHER PERSON in (activity)? (e)	Does -- need help from another person in (activity) most of the time, some of the time, or once in a while? (f)
		☐ Doesn't do (Mark N box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify Mark one box
		☐ Doesn't do (Mark N box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify Mark one box
		☐ Doesn't do (Mark N box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify Mark one box
		☐ Doesn't do (Mark N box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify Mark one box

2a. BECAUSE OF A DISABILITY OR HEALTH PROBLEM, does anyone in the family receive or need help from another person in –

If "Yes," ask 2b and c.

b. Who is this?

c. Does anyone else receive or need help in – ?

	Y	N
(1) Preparing their own meals?		
(2) Shopping for personal items, such as magazines, toilet items, or medicines?		
(3) Doing routine household chores, not including yard work?		
(4) Handling their own money?		

①

2b. Mark one box
1 ☐ Meals
2 ☐ Shopping
3 ☐ Chores
4 ☐ Handling money

3a. Because of a disability or health problem does anyone in the family usually stay in bed all or most of the time? Y N (4)

b. Who is this? Mark box in person's column.

3b. 1 ☐ Stays in bed (Mark box THEN 3c)

c. Anyone else? Y (Reask 3b and c) N

Mark box or ask:

4a. What (other) condition causes -- to (need help in activities in 1 and 2) (or) stay in bed)?

4a. ☐ No N box (NP)

b. Does any other condition cause -- to (need help in activities in 1 and 2 (or) stay in bed)?

b. 1 Y (Reask 4a and b) 2 N

Mark box or ask:

c. Which of these conditions would you say is the MAIN condition that causes -- to (need help in activities in 1 and 2 (or) stay in bed)?

c. ☐ Old age only (NP)
☐ Only one condition
____
Main condition

HC1 Refer to item C2 to determine if a condition page was completed for the main condition in 4.
Enter condition number, or mark box.

HC1 __________ (NP)
Cond. number
☐ No condition page

5. When did — first notice his (main condition in 4)?

5. 1 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks, DK which
4 ☐ 2 weeks – 3 months
5 ☐ Over 3–12 months
6 ☐ More than 12 months ago

HOME CARE PAGE – Continued

Person number (a)	Activity (b)	Doesn't do (c)	If "doesn't do," go to next line. Does -- use any SPECIAL EQUIPMENT in (activity)? (d)	Does -- receive or need the help of ANOTHER PERSON in (activity)? (e)	Does -- need help from another person in (activity) most of the time, some of the time, or once in a while? (f)
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify ____ } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify ____ } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify ____ } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 5 ☐ Other – Specify ____ } Mark H box

② 1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	2b.	③ 1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	④ 1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	2b.	⑤ 1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	⑥ 1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box
1 ☐ Stays in bed (H box THEN 3c)	3b.	1 ☐ Stays in bed (H box THEN 3c)	1 ☐ Stays in bed (H box THEN 3c)	3b.	1 ☐ Stays in bed (H box THEN 3c)	1 ☐ Stays in bed (H box THEN 3c)
☐ No H box (NP)	4a.	☐ No H box (NP)	☐ No H box (NP)	4a.	☐ No H box (NP)	☐ No H box (NP)
1 Y (Reask 4a and 3) 2 N	b.	1 Y (Reask 4a and 3) 2 N	1 Y (Reask 4a and 3) 2 N	b.	1 Y (Reask 4a and 3) 2 N	1 Y (Reask 4a and 3) 2 N
☐ Old age only (NP) ☐ Only one condition Main condition	c.	☐ Old age only (NP) ☐ Only one condition Main condition	☐ Old age only (NP) ☐ Only one condition Main condition	c.	☐ Old age only (NP) ☐ Only one condition Main condition	☐ Old age only (NP) ☐ Only one condition Main condition
____ (NP) Cond. number ☐ No condition page	HC1	____ (NP) Cond. number ☐ No condition page	____ (NP) Cond. number ☐ No condition page	HC1	____ (NP) Cond. number ☐ No condition page	____ (NP) Cond. number ☐ No condition page
1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	5.	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	5.	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago

HOME CARE PAGE – Continued

6a. Does anyone in the family have a colostomy, a urinary catheter, or any other device to help control bowel movements or urination? Y N (7)		
b. Who is this? Mark "Device" box in person's column.	6b.	1 ☐ Device
c. Anyone else? Y (*Reask 6b and c*) N		
If "Device," ask 6d and e **d. Which does –– have – a colostomy, a catheter, or another type of device?**	d.	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify*
e. Does –– receive or need help from another person in taking care of his (device in 6d)?	e.	1 Y Mark H box THEN NP) 2 N
7a. (Besides ––) Does anyone (else) in the family have any accidents or any trouble controlling their bowel movements or urination? Y N (8)		
b. Who is this? Mark "Trouble controlling" box in person's column.	7b.	1 ☐ Trouble controlling
c. Anyone else? Y (*Reask 7b and c*) N		
8a. Does anyone in the family (that is you, your, –– etc.) now use (any of the following special aids) – If "Yes," ask 8b and c	8b.	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body*
		4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify*

		Y	N
(1) An artificial arm?	(1)	☐	☐
(2) An artificial leg?	(2)	☐	☐
(3) A brace of any kind? (If "Yes," ask: **On what part of the body is the brace worn?**)	(3)	☐	☐
(4) Crutches?	(4)	☐	☐
(5) A cane or walking stick?	(5)	☐	☐
(6) Special shoes?	(6)	☐	☐
(7) A wheel chair?	(7)	☐	☐
(8) A walker?	(8)	☐	☐
(9) A guide dog?	(9)	☐	☐
(10) Any other kind of aid for getting around?	(10)	☐	☐

b. Who is this? Mark box in person's column.

c. Anyone else?

9a. Does anyone in the family use –
If "Yes," ask 9b and c
b. Who is this? Mark box in person's column
c. Anyone else?

		Y	N
(1) Eyeglasses?	(1)	☐	☐
(2) Contact lenses?	(2)	☐	☐
(3) A hearing aid?	(3)	☐	☐

9b.
1 ☐ Eyeglasses
2 ☐ Contact lenses
3 ☐ Hearing aid

10a. Does anyone in the family receive help here at home with –
If "Yes," ask 10b and c
b. Who is this? Mark box in person's column
c. Anyone else?

		Y	N
(1) Receiving injections or shots?	(1)	☐	☐
(2) Physical therapy?	(2)	☐	☐
(3) Changing bandages?	(3)	☐	☐
(8) Any other nursing or medical treatments?	(8)	☐	☐

10b.
1 ☐ Injections
2 ☐ Physical therapy
3 ☐ Bandages
8 ☐ Other – *Specify*

1 ☐ Device	6b.	1 ☐ Device	1 ☐ Device	6b.	1 ☐ Device	1 ☐ Device
1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify* ↘	d.	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify* ↘	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify* ↘	d.	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify* ↘	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify* ↘
1 Y *(Mark H box THEN NP)* 2 N	e.	1 Y *(Mark H box THEN NP)* 2 N	1 Y *(Mark H box THEN NP)* 2 N	e.	1 Y *(Mark H box THEN NP)* 2 N	1 Y *(Mark H box THEN NP)* 2 N
1 ☐ Trouble controlling	7b.	1 ☐ Trouble controlling	1 ☐ Trouble controlling	7b.	1 ☐ Trouble controlling	1 ☐ Trouble controlling
1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* ↘ 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify* ↘	8b.	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* ↘ 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify* ↘	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* ↘ 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify* ↘	8b.	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* ↘ 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify* ↘	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* ↘ 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify* ↘
1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	9b.	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	9b.	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid
1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify* ↘	10b.	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify* ↘	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify* ↘	10b.	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify* ↘	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify* ↘

HOME CARE PAGE – Continued

11a. During the past 12 months, (that is since (date) a year ago) has anyone in the family received MEALS that were prepared outside the home and brought in on a fairly regular basis? Y N (12)		
b. Who received the meals? Mark "Meals" box in person's column.	11b.	1 ☐ Meals
c. Anyone else? Y (Reask 11b and c) N		
If "Meals" in 11b, ask 11d–e		
d. Does –– NOW regularly receive meals that are prepared outside the home and brought in?	d.	1 Y 2 N (NP)
e. What agency, organization or program provides these meals for ––?	e.	
12a. During the past 12 months, has anyone in the family received any care at home from a nurse? Exclude related HH members. Y N (IHCP)		
b. Who received the care? Mark "Nurse" box in person's column.	12b.	1 ☐ Nurse
c. Anyone else? Y (Reask 12b and c) N		

FOOTNOTES

1 ☐ Meals	11b.	1 ☐ Meals	1 ☐ Meals	11b.	1 ☐ Meals	1 ☐ Meals
1 Y 2 N (NP)	d.	1 Y 2 N (NP)	1 Y 2 N (NP)	d.	1 Y 2 N (NP)	1 Y 2 N (NP)
____________	e.	____________	____________	e.	____________	____________
1 ☐ Nurse	12b.	1 ☐ Nurse	1 ☐ Nurse	12b.	1 ☐ Nurse	1 ☐ Nurse

FOOTNOTES

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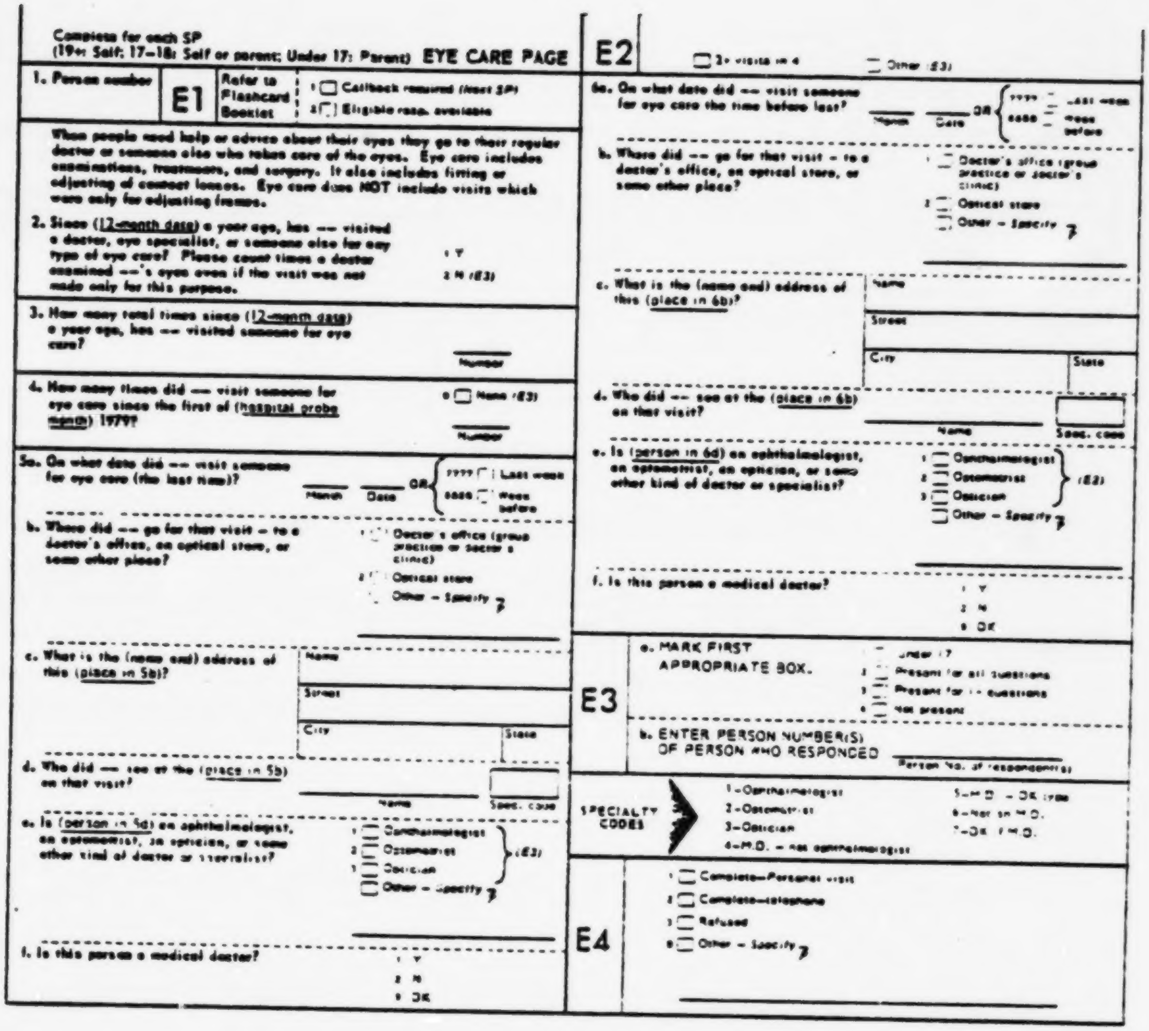
Complete for each person with H box **INDIVIDUAL HOME CARE PAGE**	1.	Person number ______
2a. Earlier you said that — receives or needs the help of another person. Who helps —? (Is — helped by anyone who lives here, by any other friends or relatives, a nurse, or any other health care professionals who come into the home, or is — helped by someone else?)	2a.	1 ☐ Related HH members 2 ☐ Nurse 3 ☐ Other health worker – Specify ______ 4 ☐ Other relatives or friends 8 ☐ Other – Specify ______
b. Does anyone else help —?	b.	1 Y Reask 2a and b 2 N
If "Nurse" in 2a, ask: 3a. On the average, how many days per week does the nurse visit —?	3a.	______ Days per week
b. When the nurse visits, how many hours per day does he or she usually spend helping —?	b.	00 ☐ Less than 1 hour ______ Hours
c. Does anyone in the family, that is you, your —, etc. pay any part of the cost for the nurse?	c.	1 Y 2 N
d. Does any government agency or program help pay for the nurse?	d.	1 Y 2 N (3f)
e. What agency or program helps pay?	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ______
f. During the past 2 weeks, how many times was — visited by the nurse?	f.	______ Number of times
If "Other health worker" in 2a, ask: 4a. On the average, how many days per week does the (other health worker) visit —?	4a.	______ Days per week
b. When the (other health worker) visits, how many hours per day does he or she usually spend helping —?	b.	00 ☐ Less than 1 hour ______ Hours
c. Does anyone in the family, that is you, your —, etc. pay any part of the cost for the (other health worker)?	c.	1 Y 2 N
d. Does any government agency or program help pay for the (other health worker)?	d.	1 Y 2 N (4f)
e. What agency or program helps pay?	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ______
f. During the past 2 weeks, how many times was — visited by the (other health worker)?	f.	______ Number of times
HC2	HC2	1 ☐ Under 17 yrs 2 ☐ 17 +
5a. Does — receive or need help from others in using public transportation, such as buses, trains, subways, or planes?	5a.	1 Y (6) 2 N 9 ☐ Doesn't use (5c)
b. Does — use public transportation?	b.	1 Y (6) 2 N
c. If — had to use public transportation, would — need the help of other persons?	c.	1 Y 2 N
6a. Does — drive a car?	6a.	1 Y (7) 2 N
b. Does — not drive a car because of a disability or health problem or because of some other reason?	b.	1 ☐ Age 2 ☐ Disability 8 ☐ Other
7a. Does — use the telephone without the help of another person?	7a.	1 Y (8) 2 N
b. Would — be able to use the telephone in an emergency?	b.	1 Y 2 N
8a. During the 2 weeks outlined in red on the calendar, did — have any visits from a friend, relative or neighbor?	8a.	1 Y 2 N (8c)
b. How many times during that period was — visited by friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)	b.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13 + times
c. During those 2 weeks, did — go out to visit a friend, relative or neighbor?	c.	1 Y 2 N (9)
d. How many times during that period did — go out to visit friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)	d.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13 + times
9. During the past 12 months, did — go on a vacation?	9.	1 Y 2 N
10. Because of a disability or health problem, how often must someone be here with —, most of the time, some of the time, once in a while or never?	10.	1 ☐ Most/All 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ______

1.	Person number ________	1.	Person number ________	1.	Person number ________
2a.	1 ☐ Related HH members 2 ☐ Nurse 3 ☐ Other health worker – Specify ________ 4 ☐ Other relatives or friends 5 ☐ Other – Specify ________	2a.	1 ☐ Related HH members 2 ☐ Nurse 3 ☐ Other health worker – Specify ________ 4 ☐ Other relatives or friends 5 ☐ Other – Specify ________	2a.	1 ☐ Related HH members 2 ☐ Nurse 3 ☐ Other health worker – Specify ________ 4 ☐ Other relatives or friends 5 ☐ Other – Specify ________
b.	Y (Reask 2a and b) N	b.	Y (Reask 2a and b) N	b.	Y (Reask 2a and b) N
3a.	______ Days per week	3a.	______ Days per week	3a.	______ Days per week
b.	00 ☐ Less than 1 hour ______ Hours	b.	00 ☐ Less than 1 hour ______ Hours	b.	00 ☐ Less than 1 hour ______ Hours
c.	1 Y 2 N	c.	1 Y 2 N	c.	1 Y 2 N
d.	1 Y 2 N (3f)	d.	1 Y 2 N (3f)	d.	1 Y 2 N (3f)
e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ________	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ________	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ________
f.	______ Number of times	f.	______ Number of times	f.	______ Number of times
4a.	______ Days per week	4a.	______ Days per week	4a.	______ Days per week
b.	00 ☐ Less than 1 hour ______ Hours	b.	00 ☐ Less than 1 hour ______ Hours	b.	00 ☐ Less than 1 hour ______ Hours
c.	1 Y 2 N	c.	1 Y 2 N	c.	1 Y 2 N
d.	1 Y 2 N (4f)	d.	1 Y 2 N (4f)	d.	1 Y 2 N (4f)
e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ________	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ________	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other – Specify ________
f.	______ Number of times	f.	______ Number of times	f.	______ Number of times
HC2	1 ☐ Under 17 (NP) 2 ☐ 17+	HC2	1 ☐ Under 17 (NP) 2 ☐ 17+	HC2	1 ☐ Under 17 (NP) 2 ☐ 17+
5a.	1 Y (6) 2 N 4 ☐ Doesn't use (5c)	5a.	1 Y (6) 2 N 4 ☐ Doesn't use (5c)	5a.	1 Y (6) 2 N 4 ☐ Doesn't use (5c)
b.	1 Y (6) 2 N	b.	1 Y (6) 2 N	b.	1 Y (6) 2 N
c.	1 Y 2 N	c.	1 Y 2 N	c.	1 Y 2 N
6a.	1 Y (7) 2 N	6a.	1 Y (7) 2 N	6a.	1 Y (7) 2 N
b.	1 ☐ Age 2 ☐ Disability 8 ☐ Other	b.	1 ☐ Age 2 ☐ Disability 8 ☐ Other	b.	1 ☐ Age 2 ☐ Disability 8 ☐ Other
7a.	1 Y (9) 2 N	7a.	1 Y (9) 2 N	7a.	1 Y (8) 2 N
b.	1 Y 2 N	b.	1 Y 2 N	b.	1 Y 2 N
8a.	1 Y 2 N (8c)	8a.	1 Y 2 N (8c)	8a.	1 Y 2 N (8c)
b.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	b.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	b.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times
c.	1 Y 2 N (9)	c.	1 Y 2 N (9)	c.	1 Y 2 N (9)
d.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	d.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	d.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times
9.	1 Y 2 N	9.	1 Y 2 N	9.	1 Y 2 N
10.	1 ☐ Most/All 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ________	10.	1 ☐ Most/All 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ________	10.	1 ☐ Most/All 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ________

IMMUNIZATION PAGE

	5	1 ☐ Under 17 2 ☐ 17+ (NP)
1a. Since the first of (hospital probe month) 1979, has — received a DPT shot? – A DPT shot is to prevent diphtheria, tetanus, and pertussis or whooping cough.	1a.	1 Y 2 N (2) 9 DK (2)
b. When did — receive the DPT shot?	b.	Mo. ______ Date ______
c. Where did — receive the DPT shot – at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 – Doctor's office (Group practice or doctor's clinic) 3 – Public Health Clinic 8 – Other – Specify 2 – Hospital outpatient clinic or emergency room 4 – School	c.	1 2 3 4 8 ? ______ (Specify)
2a. Since the first of (hospital probe month) 1979, has — received a polio shot or polio vaccine by mouth?	2a.	1 Y 2 N (3) 9 DK (3)
b. Was it a shot or did — receive the vaccine by mouth?	b.	1 ☐ Vaccine by mouth 2 ☐ Shot
c. When did — receive the polio (vaccine/shot)?	c.	Mo. ______ Date ______
d. Where did — receive the polio (vaccine/shot) – at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 – Doctor's office (Group practice or doctor's clinic) 3 – Public Health Clinic 8 – Other – Specify 2 – Hospital outpatient clinic or emergency room 4 – School	d.	1 2 3 4 8 ? ______ Specify
3a. Since the first of (hospital probe month) 1979, has — received a mumps shot?	3a.	1 Y 2 N (4) 9 DK (4)
b. When did — receive the mumps shot?	b.	Mo. ______ Date ______
c. Where did — receive the mumps shot – at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 – Doctor's office (Group practice or doctor's clinic) 3 – Public Health Clinic 8 – Other – Specify 2 – Hospital outpatient clinic or emergency room 4 – School	c.	1 2 3 4 8 ? ______ (Specify)
There are two basic types of measles for which shots can be received: German measles, sometimes known as Rubella or 3-day measles AND Red measles, sometimes known as 8-day measles. 4a. Since the first of (hospital probe month) 1979, has — received any kind of measles shot?	4a.	1 Y 2 N (NP) 9 DK (NP)
b. What types of measles shots did — receive? (Was it for German measles, sometimes known as Rubella or 3-day measles, OR was it for Red measles, sometimes known as 8-day measles, OR did — receive shots for both?)	b.	1 ☐ Both Red and German (6) 2 ☐ Red measles (8-day) only 3 ☐ German measles (Rubella, 3-day) only 9 ☐ DK kind
5a. When did — receive the measles shot?	5a.	Mo. ______ Date ______
b. Where did — receive the measles shot – at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 – Doctor's office (Group practice or doctor's clinic) 3 – Public Health Clinic 8 – Other – Specify 2 – Hospital outpatient clinic or emergency room 4 – School	b.	1 2 3 4 8 ? } (NP) ______ Specify
6a. When did — receive the shot for Red measles, sometimes known as 8-day measles?	6a.	Mo. ______ Date ______
b. Where did — receive this shot – at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 – Doctor's office (Group practice or doctor's clinic) 3 – Public Health Clinic 8 – Other – Specify 2 – Hospital outpatient clinic or emergency room 4 – School	b.	1 2 3 4 8 ? ______ Specify
7a. When did — receive the shot for German measles, sometimes known as Rubella or 3-day measles?	7a.	Mo. ______ Date ______
b. Where did — receive this shot – at a clinic, hospital, school, doctor's office, or some other place? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic or some other kind of clinic? 1 – Doctor's office (Group practice or doctor's clinic) 3 – Public Health Clinic 8 – Other – Specify 2 – Hospital outpatient clinic or emergency room 4 – School	b.	1 2 3 4 8 ? ______ (Specify)

1 ☐ Under 17 2 ☐ 17 + (NP)	5	1 ☐ Under 17 2 ☐ 17 + (NP)	1 ☐ Under 17 2 ☐ 17 + (NP)	5	1 ☐ Under 17 2 ☐ 17 + (NP)	1 ☐ Under 17 2 ☐ 17 + (NP)
1 Y 2 N (2) 9 DK (2)	1a.	1 Y 2 N (2) 9 DK (2)	1 Y 2 N (2) 9 DK (2)	1a.	1 Y 2 N (2) 9 DK (2)	1 Y 2 N (2) 9 DK (2)
No. ________ Date ________	b.	No. ________ Date ________	No. ________ Date ________	b.	No. ________ Date ________	No. ________ Date ________
1 2 3 4 8 7 ________ (Specify)	c.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)	c.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)
1 Y 2 N (3) 9 DK (3)	2a.	1 Y 2 N (3) 9 DK (3)	1 Y 2 N (3) 9 DK (3)	2a.	1 Y 2 N (3) 9 DK (3)	1 Y 2 N (3) 9 DK (3)
1 ☐ Vaccine by mouth 2 ☐ Shot	b.	1 ☐ Vaccine by mouth 2 ☐ Shot	1 ☐ Vaccine by mouth 2 ☐ Shot	b.	1 ☐ Vaccine by mouth 2 ☐ Shot	1 ☐ Vaccine by mouth 2 ☐ Shot
No. ________ Date ________	c.	No. ________ Date ________	No. ________ Date ________	c.	No. ________ Date ________	No. ________ Date ________
1 2 3 4 8 7 ________ (Specify)	d.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)	d.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)
1 Y 2 N (4) 9 DK (4)	3a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)	3a.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)
No. ________ Date ________	b.	No. ________ Date ________	No. ________ Date ________	b.	No. ________ Date ________	No. ________ Date ________
1 2 3 4 8 7 ________ (Specify)	c.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)	c.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)
1 Y 2 N (NP) 9 DK (NP)	4a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)	4a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)
1 ☐ Both Red and German (6) 2 ☐ Red measles (8-day) only 3 ☐ German measles (Rubella, 3-day) only 9 ☐ DK kind	b.	1 ☐ Both Red and German (6) 2 ☐ Red measles (8-day) only 3 ☐ German measles (Rubella, 3-day) only 9 ☐ DK kind	1 ☐ Both Red and German (6) 2 ☐ Red measles (8-day) only 3 ☐ German measles (Rubella, 3-day) only 9 ☐ DK kind	b.	1 ☐ Both Red and German (5) 2 ☐ Red measles (8-day) only 3 ☐ German measles (Rubella, 3-day) only 9 ☐ DK kind	1 ☐ Both Red and German (6) 2 ☐ Red measles (8-day) only 3 ☐ German measles (Rubella, 3-day) only 9 ☐ DK kind
No. ________ Date ________	5a.	No. ________ Date ________	No. ________ Date ________	5a.	No. ________ Date ________	No. ________ Date ________
1 2 3 4 8 7 ________ (Specify) } (NP)	b.	1 2 3 4 8 7 ________ (Specify) } (NP)	1 2 3 4 8 7 ________ (Specify) } (NP)	b.	1 2 3 4 8 7 ________ (Specify) } (NP)	1 2 3 4 8 7 ________ (Specify) } (NP)
No. ________ Date ________	6a.	No. ________ Date ________	No. ________ Date ________	6a.	No. ________ Date ________	No. ________ Date ________
1 2 3 4 8 7 ________ (Specify)	b.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)	b.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)
No. ________ Date ________	7a.	No. ________ Date ________	No. ________ Date ________	7a.	No. ________ Date ________	No. ________ Date ________
1 2 3 4 8 7 ________ (Specify)	b.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)	b.	1 2 3 4 8 7 ________ (Specify)	1 2 3 4 8 7 ________ (Specify)



Complete for each SP
(19+: Self; 17–18: Self or parent; Under 17: Parent) **EYE CARE PAGE**

E1

1. Person number

Refer to Flashcard Booklet

1 ☐ Callback required (next SP)
2 ☐ Eligible resp. available

When people need help or advice about their eyes they go to their regular doctor or someone else who takes care of the eyes. Eye care includes examinations, treatments, and surgery. It also includes fitting or adjusting of contact lenses. Eye care does NOT include visits which were only for adjusting frames.

2. Since (12-month date) a year ago, has –– visited a doctor, eye specialist, or someone else for any type of eye care? Please count times a doctor examined ––'s eyes even if the visit was not made only for this purpose.
1 Y
2 N (E3)

3. How many total times since (12-month date) a year ago, has –– visited someone for eye care?
______ Number

4. How many times did –– visit someone for eye care since the first of (hospital probe month) 1979?
0 ☐ None (E3)
______ Number

5a. On what date did –– visit someone for eye care (the last time)?
______ Month ______ Date OR
7777 ☐ Last week
8888 ☐ Week before

b. Where did –– go for that visit – to a doctor's office, an optical store, or some other place?
1 ☐ Doctor's office (group practice or doctor's clinic)
2 ☐ Optical store
☐ Other – Specify
______

c. What is the (name and) address of this (place in 5b)?
Name
Street
City
State

d. Who did –– see at the (place in 5b) on that visit?
______ Name
☐ Spec. code

e. Is (person in 5d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?
1 ☐ Ophthalmologist (E3)
2 ☐ Optometrist (E3)
3 ☐ Optician (E3)
☐ Other – Specify
______

f. Is this person a medical doctor?
1 Y
2 N
9 DK

E2

☐ 2+ visits in 4
☐ Other (E3)

6a. On what date did –– visit someone for eye care the time before last?
______ Month ______ Date OR
7777 ☐ Last week
8888 ☐ Week before

b. Where did –– go for that visit – to a doctor's office, an optical store, or some other place?
1 ☐ Doctor's office (group practice or doctor's clinic)
2 ☐ Optical store
☐ Other – Specify
______

c. What is the (name and) address of this (place in 6b)?
Name
Street
City
State

d. Who did –– see at the (place in 6b) on that visit?
______ Name
☐ Spec. code

e. Is (person in 6d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?
1 ☐ Ophthalmologist (E3)
2 ☐ Optometrist (E3)
3 ☐ Optician (E3)
☐ Other – Specify
______

f. Is this person a medical doctor?
1 Y
2 N
9 DK

E3

a. MARK FIRST APPROPRIATE BOX.
1 ☐ Under 17
2 ☐ Present for all questions
3 ☐ Present for [illegible] questions
4 ☐ Not present

b. ENTER PERSON NUMBER(S) OF PERSON WHO RESPONDED
______ Person No. of respondent(s)

SPECIALTY CODES
1–Ophthalmologist
2–Optometrist
3–Optician
4–M.D. – not ophthalmologist
5–M.D. – DK type
6–Not an M.D.
7–DK if M.D.

E4

1 ☐ Complete–Personal visit
2 ☐ Complete–telephone
3 ☐ Refused
9 ☐ Other – Specify
______

Complete for each SP
(19+: Self; 17–18: Self or parent; Under 17: Parent) **EYE CARE PAGE**

1. Person number

E1 Refer to Flashcard Booklet

1 ☐ Callback required *(Next SP)*
2 ☐ Eligible resp. available

When people need help or advice about their eyes they go to their regular doctor or someone else who takes care of the eyes. Eye care includes examinations, treatments, and surgery. It also includes fitting or adjusting of contact lenses. Eye care does NOT include visits which were only for adjusting frames.

2. Since (12-month date) a year ago, has -- visited a doctor, eye specialist, or someone else for any type of eye care? Please count times a doctor examined --'s eyes even if the visit was not made only for this purpose.

1 Y
2 N *(E3)*

3. How many total times since (12-month date) a year ago, has -- visited someone for eye care?

____ Number

4. How many times did -- visit someone for eye care since the first of (hospital probe month) 1979?

0 ☐ None *(E3)*

____ Number

5a. On what date did -- visit someone for eye care (the last time)?

____ Month ____ Date OR

7777 ☐ Last week
8888 ☐ Week before

b. Where did -- go for that visit – to a doctor's office, an optical store, or some other place?

1 ☐ Doctor's office (group practice or doctor's clinic)
2 ☐ Optical store
☐ Other – *Specify*

c. What is the (name and) address of this (place in 5b)?

Name
Street
City
State

d. Who did -- see at the (place in 5b) on that visit?

____ Name ☐ Spec. code

e. Is (person in 5d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 ☐ Ophthalmologist
2 ☐ Optometrist
3 ☐ Optician
(E2)
☐ Other – *Specify*

f. Is this person a medical doctor?

1 Y
2 N
9 DK

E2

☐ 2+ visits in 4
☐ Other *(E3)*

6a. On what date did -- visit someone for eye care the time before last?

____ Month ____ Date OR

7777 ☐ Last week
8888 ☐ Week before

b. Where did -- go for that visit – to a doctor's office, an optical store, or some other place?

1 ☐ Doctor's office (group practice or doctor's clinic)
2 ☐ Optical store
☐ Other – *Specify*

c. What is the (name and) address of this (place in 6b)?

Name
Street
City
State

d. Who did -- see at the (place in 6b) on that visit?

____ Name ☐ Spec. code

e. Is (person in 6d) an ophthalmologist, an optometrist, an optician, or some other kind of doctor or specialist?

1 ☐ Ophthalmologist
2 ☐ Optometrist
3 ☐ Optician
(E3)
☐ Other – *Specify*

f. Is this person a medical doctor?

1 Y
2 N
9 DK

E3

a. MARK FIRST APPROPRIATE BOX.

1 ☐ Under 17
2 ☐ Present for all questions
3 ☐ Present for 1+ questions
4 ☐ Not present

b. ENTER PERSON NUMBER(S) OF PERSON WHO RESPONDED

____ Person No. of respondent(s)

SPECIALTY CODES

1–Ophthalmologist
2–Optometrist
3–Optician
4–M.D. – not ophthalmologist
5–M.D. – DK type
6–Not an M.D.
7–DK if M.D.

E4

1 ☐ Complete–Personal visit
2 ☐ Complete–telephone
3 ☐ Refused
8 ☐ Other – *Specify*

RESIDENTIAL MOBILITY PAGE

RM1	Rm1	1 ☐ H hsm. 17+ (1) 2 ☐ SP, 17 + (1) 3 ☐ Other (NP)
Complete 1a and b from household composition items, if not clear, ask: 1a. Is — related to any persons now living in this household?	1a.	1 Y 2 N (2)
b. Is — now living with —'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY	b.	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above
2. How long has — lived at this address? Enter number, then mark box If "3" years, ask: Was it less than 3 years or more than 3 years?	2.	______ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years
RM2	RM2	1 ☐ 3+ years in 2 (RM3) 2 ☐ Less than 3 years in 2
3. Including the time — moved here, how many times has — moved in the past 3 years, that is, since (12-month date), 1976?	3.	______ Number
4a. What was —'s address, including county (12-month date), 1976? Enter only county and State	4a.	County ______ State ______
b. About how many miles is that address from here?	b.	☐ Initial OK – PROBE ______ Miles
c. How many people was — living with at that time, not counting —?	c.	00 ☐ Lived alone (5) ______ Number
d. Were any of these people related to —?	d.	1 Y 2 N (5)
e. Was — living with —'s: (1) Brother or sister? (3) Father or mother? (5) (Husband/wife)? (7) Son or daughter? MARK ALL THAT APPLY	e.	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above
5a. What is the (other) reason — moved HERE? Was it because — changed jobs, because — retired, because of —'s health, or was it for some other reason?	5a.	1 ☐ Job—self 2 ☐ Retired—self 3 ☐ Health—self 4 ☐ Job—other person 5 ☐ Retired—other person 6 ☐ Health—other person 8 ☐ Other – Specify ______
b. Any other reason?	b.	Y (Repeat 5a and b) N
Mark box or ask: c. What is the MAIN reason — moved?	c.	☐ Only one reason ______
RM3 Q's 1–5 For persons 17 years or over, show who responded for (or was present during the asking of) Questions 1–5. If persons responded for self, show whether entirely or partly.	RM3	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ___ was respondent

1 ☐ H hsm., 17 + (1) 2 ☐ SP, 17 + (1) 3 ☐ Other (NP)	RM1	1 ☐ H hsm., 17 + (1) 2 ☐ SP, 17 + (1) 3 ☐ Other (NP)	1 ☐ H hsm., 17 + (1) 2 ☐ SP, 17 + (1) 3 ☐ Other (NP)	RM1	1 ☐ H hsm., 17 + (1) 2 ☐ SP, 17 + (1) 3 ☐ Other (NP)	1 ☐ H hsm., 17 + (1) 2 ☐ SP, 17 + (1) 3 ☐ Other (NP)
1 Y 2 N (2)	1a.	1 Y 2 N (2)	1 Y 2 N (2)	1a.	1 Y 2 N (2)	1 Y 2 N (2)
1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	b.	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	b.	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above
____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	2.	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	2.	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years
1 ☐ 3 + years in 2 (RM3) 2 ☐ Less than 3 years in 2	RM2	1 ☐ 3 + years in 2 (RM3) 2 ☐ Less than 3 years in 2	1 ☐ 3 + years in 2 (RM3) 2 ☐ Less than 3 years in 2	RM2	1 ☐ 3 + years in 2 (RM3) 2 ☐ Less than 3 years in 2	1 ☐ 3 + years in 2 (RM3) 2 ☐ Less than 3 years in 2
____ Number	3.	____ Number	____ Number	3.	____ Number	____ Number
County ____ State ____	4a.	County ____ State ____	County ____ State ____	4a.	County ____ State ____	County ____ State ____
☐ Initial DK – PROBE ____ Miles	b.	☐ Initial DK – PROBE ____ Miles	1 ☐ Initial DK – PROBE ____ Miles	b.	☐ Initial DK – PROBE ____ Miles	☐ Initial DK – PROBE ____ Miles
00 ☐ Lived alone (5) ____ Number	c.	00 ☐ Lived alone (5) ____ Number	00 ☐ Lived alone (5) ____ Number	c.	00 ☐ Lived alone (5) ____ Number	00 ☐ Lived alone (5) ____ Number
1 Y 2 N (5)	d.	1 Y 2 N (5)	1 Y 2 N (5)	d.	1 Y 2 N (5)	1 Y 2 N (5)
1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	e.	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	e.	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above	1 ☐ Sibling 3 ☐ Parent 5 ☐ Spouse 7 ☐ Child 0 ☐ None of the above
1 ☐ Job—self 2 ☐ Retired—self 3 ☐ Health—self 4 ☐ Job—other person 5 ☐ Retired—other person 6 ☐ Health—other person 8 ☐ Other – Specify ____	5a.	1 ☐ Job—self 2 ☐ Retired—self 3 ☐ Health—self 4 ☐ Job—other person 5 ☐ Retired—other person 6 ☐ Health—other person 8 ☐ Other – Specify ____	1 ☐ Job—self 2 ☐ Retired—self 3 ☐ Health—self 4 ☐ Job—other person 5 ☐ Retired—other person 6 ☐ Health—other person 8 ☐ Other – Specify ____	5a.	1 ☐ Job—self 2 ☐ Retired—self 3 ☐ Health—self 4 ☐ Job—other person 5 ☐ Retired—other person 6 ☐ Health—other person 8 ☐ Other – Specify ____	1 ☐ Job—self 2 ☐ Retired—self 3 ☐ Health—self 4 ☐ Job—other person 5 ☐ Retired—other person 6 ☐ Health—other person 8 ☐ Other – Specify ____
Y (Reask 5a and b) N	b.	Y (Reask 5a and b) N	Y (Reask 5a and b) N	b.	Y (Reask 5a and b) N	Y (Reask 5a and b) N
☐ Only one reason ____	c.	☐ Only one reason ____	☐ Only one reason ____	c.	☐ Only one reason ____	☐ Only one reason ____
1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ____ was respondent	RM3	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ____ was respondent	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ____ was respondent	RM3	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ____ was respondent	1 ☐ Responded for self-entirely 2 ☐ Responded for self-partly Person ____ was respondent

Mark box or ask: 1a. About how tall is — without shoes?	1a.	☐ Under 17 (NP) ____ Feet ____ inches
b. About how much does — weigh without shoes?	b.	____ Pounds
Mark box or ask: 2a. What is the highest grade or year — attended in school?	2a.	☐ Under 17 (NP) 00 ☐ None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Did — finish the — grade (year)?	b.	1 Y 2 N
3a. Did — ever serve in the Armed Forces of the United States?	3a.	1 Y 2 N (NP)
b. When did he serve? Circle code in descending order of priority. Thus if person served in Vietnam and in Korea, circle VN. Vietnam Era (Aug. '64 to April '75) . . . . . VN Korean War (June '50—Jan. '55) . . . . KW World War II (Sept. '40—July '47) . . . . WWII World War I (April '17—Nov. '18) . . . . WWI Post Vietnam (May '75 to present) . . . . PVN Other Service (all other periods) . . . . OS	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
Hand Card R — Mark box or ask: 4a. Please give me the number of the group or groups which describes —'s racial background. Circle all that apply. 1 — Aleut, Eskimo or American Indian 2 — Asian or Pacific Islander 3 — Black 4 — White 5 — Another group not listed — Please specify	4a.	☐ Under 17 (NP) 1 2 3 4 5 — Specify __________ __________
If multiple entries ask: b. Which of these groups, that is, (entries in 4a) would you say BEST describes —'s racial background?	b.	1 2 3 4 5 — Specify __________
Hand Card O — Mark box or ask: 5a. Are any of these groups —'s national origin or ancestry? (Where did —'s ancestors come from?)	5a.	☐ Under 17 (NP) 1 Y 2 N (NP)
b. Please give me the number of the group. Circle all that apply. 1 — Puerto Rican 2 — Cuban 3 — Mexican 4 — Mexicano 5 — Mexican-American 6 — Chicano 7 — Other Latin American 8 — Other Spanish	b.	1 2 3 4 5 6 7 8

☐ Under 17 (NP) _____ Feet _____ Inches	1a.	☐ Under 17 (NP) _____ Feet _____ Inches	☐ Under 17 (NP) _____ Feet _____ Inches	1a.	☐ Under 17 (NP) _____ Feet _____ Inches	☐ Under 17 (NP) _____ Feet _____ Inches
_____ Pounds	b.	_____ Pounds	_____ Pounds	b.	_____ Pounds	_____ Pounds
☐ Under 17 (NP) 00 ☐ None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	2a.	☐ Under 17 (NP) 00 ☐ None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	☐ Under 17 (NP) 00 ☐ None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	2a.	☐ Under 17 (NP) 00 ☐ None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+	☐ Under 17 (NP) 00 ☐ None (3) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (NP)	3a.	1 Y 2 N (NP)	1 Y 2 N (NP)	3a.	1 Y 2 N (NP)	1 Y 2 N (NP)
1 VN 5 PVN 2 KW 6 OS 3 WWII 8 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI	b.	1 VN 5 PVN 2 KW 6 OS 3 WWII 8 DK 4 WWI	1 VN 5 PVN 2 KW 6 OS 3 WWII 9 DK 4 WWI
☐ Under 17 (NP) 1 2 3 4 5 – Specify ↗ __________ __________	4a.	☐ Under 17 (NP) 1 2 3 4 5 – Specify ↗ __________ __________	☐ Under 17 (NP) 1 2 3 4 5 – Specify ↗ __________ __________	4a.	☐ Under 17 (NP) 1 2 3 4 5 – Specify ↗ __________ __________	☐ Under 17 (NP) 1 2 3 4 5 – Specify ↗ __________ __________
1 2 3 4 5 – Specify ↗ __________	b.	1 2 3 4 5 – Specify ↗ __________	1 2 3 4 5 – Specify ↗ __________	b.	1 2 3 4 5 – Specify ↗ __________	1 2 3 4 5 – Specify ↗ __________
☐ Under 17 (NP) 1 Y 2 N (NP)	5a.	☐ Under 17 (NP) 1 Y 2 N (NP)	☐ Under 17 (NP) 1 Y 2 N (NP)	5a.	☐ Under 17 (NP) 1 Y 2 N (NP)	☐ Under 17 (NP) 1 Y 2 N (NP)
1 2 3 4 5 6 7 8	b.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	b.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8

	Mark box or ask: 6a. Did — work at any time last week or the week before – not counting work around the house?	6a.	☐ Under 17 (NP) 1 Y (7) 2 N
	b. Even though — did not work during these 2 weeks, does — have a job or business?	b.	1 Y 2 N
	c. Was — looking for work or on layoff from a job?	c.	1 Y 2 N (7)
	d. Which – looking for work or on layoff from a job?	d.	1 ☐ Looking 3 ☐ Both 2 ☐ Layoff
Ask for all persons with a "Yes" in 6a, b; or c. If "Yes" in 6c only, questions 7a through 7e apply to this person's LAST full-time civilian job.	7a. For whom did — work? Name of company, business, organization, or other employer	7a.	Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Dept., farm	b.	Industry
	c. What kind of work was — doing? For example, electrical engineer, stock clerk, typist, farmer	c.	Occupation
	d. What were —'s most important activities or duties? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete	d.	Duties
	Complete from entries in 7a–d; if not clear, ask: e. Was — an employee of PRIVATE company, business, or individual for wages, salary, or commission? . . . . P — a FEDERAL government employee? . . . . F — a STATE government employee? . . . . S — a LOCAL government employee? . . . . L — self-employed in OWN business, professional practice, or farm? If not a farm, ask: Is the business incorporated? Yes . . . . I No (or farm) . . . . SE — working WITHOUT PAY in family business or farm? . . . . WP — NEVER WORKED . . . . NEV	e.	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV (8)
	f. How many hours a week (does/did) — usually work at that job?	f.	______ Hours
	If "N" in 6b, go to 8; otherwise ask: g. During the past 2 weeks, did — have any other job or business?	g.	1 Y 2 N (8)
	h. How many hours a week does — usually work for pay at ALL jobs?	h.	______ Hours
	8. Since (12-month date) a year ago, how many weeks did — work, either part-time or full-time, not counting work around the house? Include paid sick leave and paid vacation.	8.	00 ☐ None 52 ☐ All year–52 weeks ______ Weeks
	If "Y" in 5a, go to NP; otherwise ask: 9. How long has it been since — last worked at a job or business for two or more weeks, either full-time or part-time?	9.	☐ Never worked ☐ Less than 1 year ______ Number of years

☐ Under 17 (NP) 1 Y (7) 2 N	6a.	☐ Under 17 (NP) 1 Y (7) 2 N	☐ Under 17 (NP) 1 Y (7) 2 N	6a.	☐ Under 17 (NP) 1 Y (7) 2 N	☐ Under 17 (NP) 1 Y (7) 2 N
1 Y 2 N	b.	1 Y 2 N	1 Y 2 N	b.	1 Y 2 N	1 Y 2 N
1 Y 2 N (7)	c.	1 Y 2 N (7)	1 Y 2 N (7)	c.	1 Y 2 N (7)	1 Y 2 N (7)
1 ☐ Looking 3 ☐ Both 2 ☐ Layoff	d.	1 ☐ Looking 3 ☐ Both 2 ☐ Layoff	1 ☐ Looking 3 ☐ Both 2 ☐ Layoff	d.	1 ☐ Looking 3 ☐ Both 2 ☐ Layoff	1 ☐ Looking 3 ☐ Both 2 ☐ Layoff
Employer	7a.	Employer	Employer	7a.	Employer	Employer
Industry	b.	Industry	Industry	b.	Industry	Industry
Occupation	c.	Occupation	Occupation	c.	Occupation	Occupation
Duties	d.	Duties	Duties	d.	Duties	Duties
Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV (8)	e.	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV (8)	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV (8)	e.	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV (8)	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV (8)
_____ Hours	f.	_____ Hours	_____ Hours	f.	_____ Hours	_____ Hours
1 Y 2 N (8)	g.	1 Y 2 N (8)	1 Y 2 N (8)	g.	1 Y 2 N (8)	1 Y 2 N (8)
_____ Hours	h.	_____ Hours	_____ Hours	h.	_____ Hours	_____ Hours
00 ☐ None 52 ☐ All year—52 weeks _____ Weeks	8.	00 ☐ None 52 ☐ All year—52 weeks _____ Weeks	00 ☐ None 52 ☐ All year—52 weeks _____ Weeks	8.	00 ☐ None 52 ☐ All year—52 weeks _____ Weeks	00 ☐ None 52 ☐ All year—52 weeks _____ Weeks
☐ Never worked ☐ Less than 1 year _____ Number of years	9.	☐ Never worked ☐ Less than 1 year _____ Number of years	☐ Never worked ☐ Less than 1 year _____ Number of years	9.	☐ Never worked ☐ Less than 1 year _____ Number of years	☐ Never worked ☐ Less than 1 year _____ Number of years

10a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called ______.) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or ______)?	Y N *(11)*		
b. Who was this? Mark "Medicaid" box in person's column.		10b.	1 ☐ Medicaid
c. Anyone else?	Y *(Reask 10b and c)* N		
11a. Does anyone in the family now have a Medicaid (or ______) card which looks like this? Show Medicaid card.	Y N *(12)*		
b. Who is this? Mark "Card" box in person's column.		11b.	1 ☐ Card
c. Anyone else?	Y *(Reask 11b and c)* N		
If "Card," ask: **d. May I please see ——'s (and ——) card(s)?** Mark appropriate box(es) in person's column.		d.	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 4 ☐ Other card seen ______ *(Specify)*
Hand Card I. **12. Which of these income groups represents your total combined family income for the past 12 months – that is, yours, your ——'s, etc.? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.**		12.	00 ☐ A 06 ☐ G 01 ☐ B 07 ☐ H 02 ☐ C 08 ☐ I 03 ☐ D 09 ☐ J 04 ☐ E 10 ☐ K 05 ☐ F
13a. Which (other) family members received some income during the past 12 months? Mark "Income" box in person's column.		13a.	☐ Income
b. Did any other family members receive any income during the past 12 months?	Y *(Reask 13a and b)* N		
If only one person with "Income" box marked, go to 15. If 2 or more persons with "Income" box marked, ask 14 for each. **14. Which of these income groups represents ——'s income for the past 12 months?**		14.	00 ☐ A 06 ☐ G 01 ☐ B 07 ☐ H 02 ☐ C 08 ☐ I 03 ☐ D 09 ☐ J 04 ☐ E 10 ☐ K 05 ☐ F
15a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?	Y N *(16)*		
b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.		15b.	1 ☐ AFDC
c. Are any other family members included in this program?	Y *(Reask 15b and c)* N		

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1 ☐ Medicaid	10b.	1 ☐ Medicaid	1 ☐ Medicaid	10b.	1 ☐ Medicaid	1 ☐ Medicaid
1 ☐ Card	11b.	1 ☐ Card	1 ☐ Card	11b.	1 ☐ Card	1 ☐ Card
☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen (Specify)	d.	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen (Specify)	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen (Specify)	d.	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen (Specify)	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen (Specify)
☐ Income	13a.	☐ Income	☐ Income	13a.	☐ Income	☐ Income
00 ☐ A 06 ☐ G 01 ☐ B 07 ☐ H 02 ☐ C 08 ☐ I 03 ☐ D 09 ☐ J 04 ☐ E 10 ☐ K 05 ☐ F	14.	00 ☐ A 06 ☐ G 01 ☐ B 07 ☐ H 02 ☐ C 08 ☐ I 03 ☐ D 09 ☐ J 04 ☐ E 10 ☐ K 05 ☐ F	00 ☐ A 06 ☐ G 01 ☐ B 07 ☐ H 02 ☐ C 08 ☐ I 03 ☐ D 09 ☐ J 04 ☐ E 10 ☐ K 05 ☐ F	14.	00 ☐ A 06 ☐ G 01 ☐ B 07 ☐ H 02 ☐ C 08 ☐ I 03 ☐ D 09 ☐ J 04 ☐ E 10 ☐ K 05 ☐ F	00 ☐ A 06 ☐ G 01 ☐ B 07 ☐ H 02 ☐ C 08 ☐ I 03 ☐ D 09 ☐ J 04 ☐ E 10 ☐ K 05 ☐ F
1 ☐ AFDC	15b.	1 ☐ AFDC	1 ☐ AFDC	15b.	1 ☐ AFDC	1 ☐ AFDC

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16a. Does anyone in the family receive the "Supplemental Security Income" or "SSI" gold-colored check?
Y
N (17)

b. Who receives this check? Mark "SSI" box in person's column.
16b. 1 ☐ SSI

c. Anyone else?
Y (Reask 16b and c)
N

17a. Does anyone in the family receive any (other) income from Social Security?
Y
N (18)

b. Who is this? Mark "Social Security" box in person's column.
17b. 1 ☐ Social Security

c. Anyone else?
Y (Reask 17b and c)
N

People may receive Social Security benefits because of their own work experience or because they are dependents or survivors of someone who qualified, based on work experience.

If "Social Security" ask:

18. Does (person in 17b) receive Social Security payments because of --'s own work experience or because -- is a dependent or survivor of someone who worked?
18. 1 ☐ Work experience
2 ☐ Dependent or survivor

19a. Including retirement payments received because of disability, does anyone in the family, (that is you, your --, etc.) receive any income from –

If "Yes," ask 19b and c

	Y	N
(1) Railroad retirement?	☐	☐
(2) Pension as a military retiree?	☐	☐
(3) Government employee pension? (Federal, State, or local government)	☐	☐
(4) Private employer or union pension?	☐	☐

19b. 1 ☐ Railroad
2 ☐ Military
3 ☐ Government employee
4 ☐ Private or union

b. Who is this? Mark box in person's column.

c. Anyone else?

For each income reported in 19b, ask:

20. Does -- receive the (entry in 19b) because of --'s own work experience or because -- is a dependent or survivor of someone who worked?

20.

	OWN	SURV
RR.		
Military		
Gov't.		
Private.		

FOOTNOTES

SP ☐ H ☐		SP ☐ H ☐	SP ☐ H ☐		SP ☐ H ☐	SP ☐ H ☐
First name ② Last name AGE RACE 1 W 2 B 3 OT	1a.	First name ③ Last name AGE RACE 1 W 2 B 3 OT	First name ④ Last name AGE RACE 1 W 2 B 3 OT	1a.	First name ⑤ Last name AGE RACE 1 W 2 B 3 OT	First name ⑥ Last name AGE RACE 1 W 2 B 3 OT
Relationship SEX 1 M 2 F	2.	Relationship SEX 1 M 2 F	Relationship SEX 1 M 2 F	2.	Relationship SEX 1 M 2 F	Relationship SEX 1 M 2 F
Month Date Year	3.	Month Date Year	Month Date Year	3.	Month Date Year	Month Date Year
BED DAYS ☐ None (NP) ___ (NP) OV ☐ None (NP) ___ (NP) HOSP. ☐ None (NP) ___ (NP)	C	BED DAYS ☐ None (NP) ___ (NP) OV ☐ None (NP) ___ (NP) HOSP. ☐ None (NP) ___ (NP)	BED DAYS ☐ None (NP) ___ (NP) OV ☐ None (NP) ___ (NP) HOSP. ☐ None (NP) ___ (NP)	C	BED DAYS ☐ None (NP) ___ (NP) OV ☐ None (NP) ___ (NP) HOSP. ☐ None (NP) ___ (NP)	BED DAYS ☐ None (NP) ___ (NP) OV ☐ None (NP) ___ (NP) HOSP. ☐ None (NP) ___ (NP)
Q. No. Condition		Q. No. Condition	Q. No. Condition		Q. No. Condition	Q. No. Condition
1 ☐ SSI	16b.	1 ☐ SSI	1 ☐ SSI	16b.	1 ☐ SSI	1 ☐ SSI
1 ☐ Social Security	17b.	1 ☐ Social Security	1 ☐ Social Security	17b.	1 ☐ Social Security	1 ☐ Social Security
1 ☐ Work experience 2 ☐ Dependent or survivor	18.	1 ☐ Work experience 2 ☐ Dependent or survivor	1 ☐ Work experience 2 ☐ Dependent or survivor	18.	1 ☐ Work experience 2 ☐ Dependent or survivor	1 ☐ Work experience 2 ☐ Dependent or survivor
1 ☐ Railroad 2 ☐ Military 3 ☐ Government employee 4 ☐ Private or union	19b.	1 ☐ Railroad 2 ☐ Military 3 ☐ Government employee 4 ☐ Private or union	1 ☐ Railroad 2 ☐ Military 3 ☐ Government employee 4 ☐ Private or union	19b.	1 ☐ Railroad 2 ☐ Military 3 ☐ Government employee 4 ☐ Private or union	1 ☐ Railroad 2 ☐ Military 3 ☐ Government employee 4 ☐ Private or union
OWN SURV RR . . . . Military . . . . . Gov't . . . . . Private	20.	OWN SURV RR . . . . Military . . . . . Gov't . . . . . Private	OWN SURV RR . . . . Military . . . . . Gov't . . . . . Private	20.	OWN SURV RR . . . . Military . . . . . Gov't . . . . . Private	OWN SURV RR . . . . Military . . . . . Gov't . . . . . Private . . . . .

FOOTNOTES

E

If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit ——→ ____________

If in AREA SEGMENT, also enter for FIRST unit listed on property ——→

LISTING SHEET	
Sheet number	Line number

TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

	LOCATION OF UNIT				USE OR CHARACTERISTICS			CLASSIFICATION
					OCCUPIED	ALL QUARTERS Do these quarters in (Specify location) have		
Line No (1)	Where are these quarters located? Enter exact description of location, e.g., basement, 2nd floor, rear After entering description of location: • in Area Segment, go to (3) • In other type of Segments, – If living quarters are not within the same specific sample address (and structure, if Permit Segment) – STOP TABLE X – Otherwise, go to (3) (2)	• If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit. • If unlisted, – And Area Segment, go to (4). – And another type of Segment, go to (5) (3)	If outside Area Segment boundary, mark box below, STOP and – • Go to next line of Table X, if additional quarters determined OR • Go to household page, item 9, or Probe page, question 1 (as applicable) (4)	Are these (Specify location) quarters for more than one group of people? If "Yes," fill one line for each group (5)	Do the occupants of these (Specify location) quarters live and eat with any other group of people? (6)	Direct access from the outside or through a common hall? (7)	Complete kitchen facilities for this unit only? (8)	N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.) HU, OT } Separate unit – interview on a separate questionnaire. (9)
1		S____ L____	☐ Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	N HU OT
2		S____ L____	☐ Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	N HU OT
3		S____ L____	☐ Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	N HU OT

NOTE: Be sure to continue interview for original sample unit.

FOOTNOTES

Please give my household's identifiable information to the National Center for Health Statistics so that my answers can be counted in the survey.

Signature
____
____
____

Date

CARD C

Conditions reported for which questions 3a–3e need not be asked:

Acne
Appendicitis
Arteriosclerosis
Arthritis (any kind)
Athlete's foot
Bronchitis (any kind)
Bunions
Bursitis
Calluses
Chickenpox
Cold
Corns
Croup
Diabetes (any type)
Epilepsy (any kind)
Gallstones
Goiter
Hardening of the arteries
Hay fever

Hemorrhoids or piles (any kind)
Hernia (any type)
Kidney stones
Laryngitis
Migraine (any kind)
Mumps
Normal delivery
Phlebitis (Thrombophlebitis)
Pneumonia
Pregnancy
Sciatica
Sinus (any kind)
Strep (Streptococcus) throat
Tonsillitis
Ulcer (duodenal, stomach, peptic or gastric only)
Vasectomy
Warts
Whooping cough

CARD I

Under $1,000 (including loss)	Group A
$ 1,000 – $ 1,999	Group B
$ 2,000 – $ 2,999	Group C
$ 3,000 – $ 3,999	Group D
$ 4,000 – $ 4,999	Group E
$ 5,000 – $ 5,999	Group F
$ 6,000 – $ 6,999	Group G
$ 7,000 – $ 9,999	Group H
$10,000 – $14,999	Group I
$15,000 – $24,999	Group J
$25,000 and over	Group K

CARD D2

Show detail in question 3e, Condition page and/or question 6, Hospital page for these **IMPAIRMENTS.**

Deafness
Trouble hearing
Other ear condition
Blindness
Trouble seeing
Other eye condition
Missing hand – all or part
Missing arm – all or part
Missing foot – all or part
Missing leg – all or part
Trouble, stiffness or any deformity of – foot, leg, fingers, arm, or back

CARD O

1. Puerto Rican
2. Cuban
3. Mexican
4. Mexicano
5. Mexican–American
6. Chicano
7. Other Latin American
8. Other Spanish

CARD R

1. Aleut, Eskimo or American Indian
2. Asian or Pacific Islander
3. Black
4. White
5. Another group not listed – Specify

65<

SMOKING SUPPLEMENT TO THE 1979 HIS

S1. *For each sample person enter name, person number, age, and sex from HIS-1.*	First name / Person No. 24, 25 Last name Age 26,27 / Sex 28 1M 2F / Coders use 29	First name / Person No. 24, 25 Last name Age 26,27 / Sex 28 1M 2F / Coders use 29	First name / Person No. 24, 25 Last name Age 26,27 / Sex 28 1M 2F / Coders use 29
S2	S2 30 1 ☐ Under 17 *(NP)* 2 ☐ 17+ callback req. *(NP)* 3 ☐ 17+ available	S2 30 1 ☐ Under 17 *(NP)* 2 ☐ 17+ callback req. *(NP)* 3 ☐ 17+ available	S2 30 1 ☐ Under 17 *(NP)* 2 ☐ 17+ callback req. *(NP)* 3 ☐ 17+ available
1. Have you smoked at least 100 cigarettes in your entire life?	1. 1 Y 2 N *(NP)* 31	1. 1 Y 2 N *(NP)* 31	1. 1 Y 2 N *(NP)* 31
2a. About how old were you when you first started smoking cigarettes fairly regularly?	2a. ______ Years *(3)* 32, 33 00 ☐ Never smoked regularly	2a. ______ Years *(3)* 32, 33 00 ☐ Never smoked regularly	2a. ______ Years *(3)* 32, 33 00 ☐ Never smoked regularly
b. Do you smoke cigarettes now?	b. 1 Y 2 N *(NP)* 34	b. 1 Y 2 N *(NP)* 34	b. 1 Y 2 N *(NP)* 34
c. On the average, about how many cigarettes a day do you smoke?	c. ______ Number *(NP)* 35, 36	c. ______ Number *(NP)* 35, 36	c. ______ Number *(NP)* 35, 36
3. During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?	3. ______ Number 37, 38	3. ______ Number 37, 38	3. ______ Number 37, 38
4a. Do you smoke cigarettes now?	4a. 1 Y *(5)* 2 N 39	4a. 1 Y *(5)* 2 N 39	4a. 1 Y *(5)* 2 N 39
b. About how long has it been since you last smoked cigarettes fairly regularly?	b. ______ Number 40–42 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years } S3	b. ______ Number 40–42 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years } S3	b. ______ Number 40–42 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years } S3
5. On the average, about how many cigarettes a day do you now smoke?	5. ______ Number 43, 44	5. ______ Number 43, 44	5. ______ Number 43, 44
S3	S3 1 ☐ "Y" in 4a *(6)* 2 ☐ Less than 1 year in 4b *(6)* 3 ☐ 1+ years in 4b *(NP)*	S3 1 ☐ "Y" in 4a *(6)* 2 ☐ Less than 1 year in 4b *(6)* 3 ☐ 1+ years in 4b *(NP)*	S3 1 ☐ "Y" in 4a *(6)* 2 ☐ Less than 1 year in 4b *(6)* 3 ☐ 1+ years in 4b *(NP)*
6a. What brand of cigarettes do (did) you usually smoke? *If more than one brand ask:*	6a. Brand name(s) 45 ☐	6a. Brand name(s) 45 ☐	6a. Brand name(s) 45 ☐
b. Which brand do (did) you smoke the most?	b. Brand name 46–48 ☐☐☐	b. Brand name 46–48 ☐☐☐	b. Brand name 46–48 ☐☐☐
7. What type of cigarettes are the (brand) that you smoke (smoked)? Are they:	49	49	49
a. Filter tip OR Non-filter tip?	a. 1 ☐ FT 2 ☐ NFT	a. 1 ☐ FT 2 ☐ NFT	a. 1 ☐ FT 2 ☐ NFT
b. Plain OR Menthol?	b. 1 ☐ P 2 ☐ M 50	b. 1 ☐ P 2 ☐ M 50	b. 1 ☐ P 2 ☐ M 50

d. Regular OR King size OR 100 Millimeter?	d.	1 ☐ R 2 ☐ K 3 ☐ 100	d.	1 ☐ R 2 ☐ K 3 ☐	d.	1 ☐ R 2 ☐ K 3 ☐
S4	S4	1 ☐ "N" in 4a *(NP)* 2 ☐ "Y" in 4a 53	S4	1 ☐ "N" in 4a *(NP)* 2 ☐ "Y" in 4a 53	S4	1 ☐ "N" in 4a *(NP)* 2 ☐ "Y" in 4a 53
8a. Have you ever made a serious attempt to stop smoking cigarettes?	8a.	1 ☐ Y 2 ☐ N *(NP)* 54	8a.	1 ☐ Y 2 ☐ N *(NP)* 54	8a.	1 ☐ Y 2 ☐ N *(NP)* 54
b. About how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	b.	0 ☐ Never *(NP)* 1 2 3 4 5+ 55	b.	0 ☐ Never *(NP)* 1 2 3 4 5+ 55	b.	0 ☐ Never *(NP)* 1 2 3 4 5+ 55
c. During the past 12 months, that is since (date) a year ago, about how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	c.	0 1 2 3 4 5+ 56	c.	0 1 2 3 4 5+ 56	c.	0 1 2 3 4 5+ 56
9. How long ago was the START of the LAST time you tried to stop entirely?	9.	____ Number 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years 57–59	9.	____ Number 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years 57–59	9.	____ Number 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years 57–59
10. How long did you actually stay off cigarettes the last time?	10.	____ Number 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years 000 ☐ Did not stay off 60–62	10.	____ Number 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years 000 ☐ Did not stay off 60–62	10.	____ Number 2 ☐ Days 3 ☐ Weeks 4 ☐ Months 5 ☐ Years 000 ☐ Did not stay off 60–62
S5. *Transcribe for each sample person 17+ after leaving household.* 1a. Highest grade attended in school (Q 2a, p. 48)	S5 1a.	00 ☐ None Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ 63, 64	S5 1a.	00 ☐ None Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ 63, 64	S5 1a.	00 ☐ None Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ 63, 64
b. Finished grade (Q 2b, p. 48)	b.	1 Y 2 N 65	b.	1 Y 2 N 65	b.	1 Y 2 N 65
2. Racial background (Q 4a, b, p. 48) *(If single entry in 4a, transcribe that entry. If multiple entry in 4a, transcribe entry in 4b.)*	2.	1 2 3 4 5 – *Specify* ____ 66	2.	1 2 3 4 5 – *Specify* ____ 66	2.	1 2 3 4 5 – *Specify* ____ 66
3. Family income (Q 12, p. 52)	3.	00 ☐ A 04 ☐ E 08 ☐ I 01 ☐ B 05 ☐ F 09 ☐ J 02 ☐ C 06 ☐ G 10 ☐ K 03 ☐ D 07 ☐ H 67, 68				
S6. Final Status	S6	1 ☐ Complete–Personal visit 2 ☐ Complete–telephone 3 ☐ Refused 4 ☐ Not at home–Repeated calls 5 ☐ Temporarily absent 8 ☐ Other – *Specify* ____	S6	1 ☐ Complete–Personal visit 2 ☐ Complete–telephone 3 ☐ Refused 4 ☐ Not at home–Repeated 5 ☐ Temporarily absent 8 ☐ Other – *Specify* ____	S6	1 ☐ Complete–Personal visit 2 ☐ Complete–telephone 3 ☐ Refused 4 ☐ Not at home–Repeated calls 5 ☐ Temporarily absent 8 ☐ Other – *Specify* ____

APPENDIX B

HEALTH INTERVIEW SURVEY DATA DOCUMENTATION

Following is a cross-referencing of all the independent variables used in the present study. The cross-reference scheme works as follows. In the entries below marked "P xx-yy," "C xx-yy," "S xx-yy," or "HH xx-yy," the user is referred to the HIS public use data tape documentation for the person, condition, smoking, and household files, respectively. These documentations follow the variable listing below. The xx-yy refer to entries in the columns headed "tape location." Next to each of these entries in the tape location column is found the item number reference. These item numbers refer to question numbers on the actual HIS survey instrument, a facsimile of which is found below. One will note that some variables definitions are descriptive, e.g. "sex dummy"; typically, these are variables in the datasets that are derivatives or summaries of other HIS variables.

The assignment of an individual´s condition vector was accomplished as follows. First, it was determined what individual or individuals in the sample had reported the largest number of conditions. It turns out that this number is fourteen. Then, space was allocated in the dataset such that each individual would have a condition vector numbering fourteen elements, although for the majority of individuals no conditions were reported, and for those that reported conditions, one condition was the modal response. The references to individuals' data in the condition file of the HIS will be to the general descriptors of the conditions (e.g., chronic or acute, diagnostic recodes, onsets, etc.), subscripted by the condition sequence, with the subscript ranging over 1,2,...,14. So, for example, DGRCD101 refers to diagnostic recode number one for the condition in element one of the condition vector, DGRCD102 refers to diagnostic recode number one for the condition in element two of the condition vector, and so forth. The position of any given condition within an individual's condition vector is of no significance.

Some entries in the variable list below are marked "pollution appendix," "weather appendix," or "pollen appendix." For definition of these variables, see the respective sections following the HIS tape documentation. For the sake of parsimony, only representative pollution variables were included in the list below. A full description of all available pollution measures is included in the pollution description below.

Variable Name	Tape & Location
AGE	P 53-54
AGERCOD1	P 55-56
AGERCOD2	P 57-58
AGERCOD3	P 59
AGERSPDT	P 94
AGESQ	AGE SQUARED
AGESQRT	SQUARE ROOT OF AGE
AGESTSMK	S 327-328
ALONY1NO	LIVING ALONE DUMMY
AVMAXTMP	WEATHER APPENDIX
AVMINTMP	"
AVPCSUNP	"
AVPKGUST	"
AVPRECIP	"
AVRAINYN	"
AVSMOKHZ	"
AVSNOWFL	"
AVSNOWYN	"
BDY12N01	C 153-155
BDY12N02	"
BDY12N03	"
BDY12N04	"
BDY12N05	"
BDY12N06	"
BDY12N07	"
BDY12N08	"
BDY12N09	"
BDY12N10	"
BDY12N11	"
BDY12N12	"
BDY12N13	"
BDY12N14	"
BEDDIS2W	P 108-109
BEDDY12M	P 142
BED2W01	C 120-121
BED2W02	"
BED2W03	"
BED2W04	"
BED2W05	"
BED2W06	"
BED2W07	"
BED2W08	"
BED2W09	"
BED2W10	"
BED2W11	"
BED2W12	"
BED2W13	"
BED2W14	"
CAUSEL01	C 129
CAUSEL02	"
CAUSEL03	"
CAUSEL04	"
CAUSEL05	"
CAUSEL06	"
CAUSEL07	"
CAUSEL08	"
CAUSEL09	"
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CAUSEL12	"

CAUSEL13	"
CAUSEL14	"
CHRLMDUM	DUMMY FOR CHRONIC LIMITATION
CIGSIZE	S 343
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COOLDDRF	"
CO01R01	POLLUTION APPENDIX
CO01R02	"
CO01R03	"
CO01R04	"
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CRNACT14	"
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DGRCD201	C 112-115
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DGRCD214	"
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DGRCD311	"
DGRCD312	"
DGRCD313	"
DGRCD314	"
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HLTHST04	"

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HLTHST11	"
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NUPCSUNP	"
NUPKGUST	"
NUPRECIP	"
NURAINYN	"
NUSMOKHZ	"
NUSNOWFL	"
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PACKTYPE	S 342
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RAD2W03	"
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SP01R02	"
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WC03	"
WC04	"
WC05	"
WC06	"
WC07	"
WC08	"

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WTSP10	"

In addition to the above variables included in the datasets, variables from the HIS residential mobility supplement were included in some of the datasets used in estimation. The cross-reference for these concepts is as follows, where "RM xx-yy" denotes residential mobility supplement public use tape documentation.

FMMEMNOW	RM 468-469
FMMEMTHN	RM 488-498
LIVDRELT	RM 487
LVRELRCD	RM 493
MILEMOVD	RM 481-483
MILEMOVR	RM 484
MOBLSTAT	RM 478
MOVREAS1	RM 490
MOVREAS2	RM 491
MOVREASM	RM 492
NMOV3YRR	RM 480
NOWLIVRL	RM 467
NPERLVRS	RM 485-486
PLIFHERE	RM 475-477
STCTSTAT	RM 494
TMMOV3YR	RM 479
TMTSADRN	RM 471-472
TMTSADRR	RM 473-474
TMTSADRU	RM 470

HH-1

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Outline of Items and Codes

Household Record (Record Type 1)

Number of Records =41,883

Tape Locations	Item No.	Items and Codes
1-2	-	BLANK
3-5	HH-5	RANDOM RECODE OF PSU
6-7	HH-5	WEEK - CENSUS CODE 01, 21, 41, 61, 81 ... Week 01 02, 22, 42, 62, 82 ... Week 02 03, 23, 43, 63, 83 ... Week 03 04, 24, 44, 64, 84 ... Week 04 05, 25, 45, 65, 85 ... Week 05 06, 26, 46, 66, 86 ... Week 06 07, 27, 47, 67, 87 ... Week 07 08, 28, 48, 68, 88 ... Week 08 09, 29, 49, 69, 89 ... Week 09 10, 30, 50, 70, 90 ... Week 10 11, 31, 51, 71, 91 ... Week 11 12, 32, 52, 72, 92 ... Week 12 13, 33, 53, 73, 93 ... Week 13
8-9	HH-5	SEGMENT NUMBER Week plus Segment Number identifies the segment.
10-11	HH-5	HOUSEHOLD NUMBER Numbered within PSU-Week-Segment
12-13	-	BLANK - Person Number in other record types.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

<table>
<tr><th>Tape Locations</th><th>Item No.</th><th>Items and Codes</th></tr>
<tr><td>30-31</td><td>RC Record</td><td>TABULATION AREA
Blank ... Nonself-representing sections and self-representing SMSA's other than 34-64.
Large Self-representing SMSA's
<table>
<tr><th>Recode</th><th>SMSA</th><th>Recode</th><th>SMSA</th></tr>
<tr><td>34</td><td>Boston</td><td>51</td><td>Houston</td></tr>
<tr><td>35</td><td>New York*</td><td>52</td><td>Dallas</td></tr>
<tr><td>36</td><td>Philadelphia</td><td>53</td><td>Washington, D.C.</td></tr>
<tr><td>37</td><td>Pittsburgh</td><td>54</td><td>Seattle-Everett</td></tr>
<tr><td>38</td><td>Detroit</td><td>55</td><td>San Diego</td></tr>
<tr><td>39</td><td>Chicago**</td><td>56</td><td>Anaheim-Santa Ana-Garden Grove</td></tr>
<tr><td>40</td><td>Cincinnati</td><td>57</td><td>Miami</td></tr>
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<tr><td>43</td><td>Baltimore</td><td>60</td><td>Indianapolis</td></tr>
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<tr><td>45</td><td>Buffalo</td><td>62</td><td>New Orleans</td></tr>
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<tr><td>49</td><td>Kansas City</td><td></td><td></td></tr>
<tr><td>50</td><td>St. Louis</td><td></td><td></td></tr>
</table>
* Northeastern New Jersey Consolidated Area
** Northwestern Indiana Consolidated Area</td></tr>
<tr><td>32</td><td>-</td><td>BLANK</td></tr>
<tr><td>33</td><td>RC Record</td><td>GEOGRAPHIC IDENTIFICATION
1 ... In SMSA; in Central City
2 ... In SMSA; not in Central City
3 ... Not in SMSA</td></tr>
</table>

HH-2

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
14	-	RECORD TYPE (1)
15-16	-	BLANK - Record Serial Number in other record types.
17-18	-	BLANK
19	Recode	PROCESSING QUARTER CODE 1 ... Quarter 1, 1979 2 ... Quarter 2, 1979 3 ... Quarter 3, 1979 4 ... Quarter 4, 1979
20	Recode	PROCESSING YEAR 9 ... 1979
21-27	-	BLANK
28	RC Record	TYPE OF PSU 0 ... The 31 Large Self-representing SMSA's 1 ... SMSA - Self-representing 3 ... SMSA - Nonself-representing 4 ... Non-SMSA - Self-representing 6 ... Non-SMSA - Nonself-representing
29	RC Record	REGION 1 ... Northeast 2 ... North Central 3 ... South 4 ... West

Tape Locations	Item No.	Items and Codes
34-35	-	BLANK
36	Recode	SMSA - NON-SMSA RESIDENCE 1 ... SMSA 2 ... Non-SMSA - Nonfarm 3 ... Non-SMSA - Farm
37	HH-8	TYPE OF LIVING QUARTERS 1 ... Housing Unit 2 ... Other
38-42	-	BLANK
43	HH-15	TELEPHONE (Not edited) 1 ... Yes - phone 2 ... No or none 3 ... Phone, but no number listed or number refused 9 ... DK if phone or refused Blank ... Not reported and noninterviews
44-49	-	BLANK
50	HH-19	COMPLETED INTERVIEW 1 ... Completed interview 2 ... Noninterview
51	HH-18	NONINTERVIEW REASON - TYPE A 1 ... Refusal 2 ... No one at home 3 ... Temporarily absent 4 ... Other Blank ... Not reported or Not applicable

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
52-53	HH-6c	SPECIAL PLACE See HH Transcription Instructions for Code Outline (Appendix A).
54-55	-	BLANK
56-57	Generated	NUMBER OF UNRELATED INDIVIDUALS
58-59	Generated	NUMBER OF PERSONS IN THE HOUSEHOLD
60-65	-	BLANK
66-67	Generated	SIZE OF FAMILY - PRIMARY FAMILY
68-69	Generated	SIZE OF FAMILY - SECONDARY FAMILY NO. 1
70-71	Generated	- SECONDARY FAMILY NO. 2
72-73	Generated	- SECONDARY FAMILY NO. 3
74-75	Generated	- SECONDARY FAMILY NO. 4
76-77	Generated	- SECONDARY FAMILY NO. 5
78-79	Generated	- SECONDARY FAMILY NO. 6
80-81	Generated	- SECONDARY FAMILY NO. 7
82-83	Generated	- SECONDARY FAMILY NO. 8
84-85	Generated	- SECONDARY FAMILY NO. 9

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
86	Generated	HEAD PRESENT - PRIMARY FAMILY 1 ... Yes Blank ... No primary family
87	Generated	HEAD PRESENT - SECONDARY FAMILY 1
88	Generated	- SECONDARY FAMILY 2
89	Generated	- SECONDARY FAMILY 3
90	Generated	- SECONDARY FAMILY 4
91	Generated	- SECONDARY FAMILY 5
92	Generated	- SECONDARY FAMILY 6
93	Generated	- SECONDARY FAMILY 7
94	Generated	- SECONDARY FAMILY 8
95	Generated	- SECONDARY FAMILY 9
96-99	HH-19	DATE OF COMPLETION OF INTERVIEW (Not edited)
96-97		Month = 01 ... January 02 ... February 03 ... March 04 ... April 05 ... May 06 ... June 07 ... July 08 ... August 09 ... September 10 ... October 11 ... November 12 ... December Blank ... Not reported
98-99		Day = 01-31 ... Day of Month Blank ... Not reported
100-107	-	BLANK
108	Item L	CONDITION LIST ASSIGNED 1 ... Condition List 1 - Digestive 2 ... Condition List 2 - Bone and Muscle 3 ... Condition List 3 - Miscellaneous1/ 4 ... Condition List 4 - Impairments 5 ... Condition List 5 - Circulatory 6 ... Condition List 6 - Respiratory 7 ... Unknown Blank ... Noninterviewed household

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1/ Includes chronic conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems and of other selected chronic conditions.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
109-179	-	BLANK
180	HH-13	TOTAL ROOMS 1 ... 1 Room 2 ... 2 Rooms 3 ... 3 Rooms 4 ... 4 Rooms 5 ... 5 Rooms 6 ... 6 Rooms 7 ... 7 Rooms 8 ... 8 Rooms 9 ... 9+ Rooms - ... DK or Not reported Blank ... Not a housing unit
181-187	-	BLANK
188-193		BASIC WEIGHT (7098.4484 Adjusted by Segment/Special HH Sampling Factors) (XXXXX.X)
194-466	-	BLANK

"END"

APPENDIX A

CODES FOR TYPES OF SPECIAL DWELLING PLACES

I. Specified Institutions

CODES	TYPES
	Correctional Institutions
11	State and Federal penitentiaries, prisons, and reformatories
11	State and Federal prison farms and camps
11	County and City jails, workhouses, penitentiaries
11	County and City prison farms and camps
11	Federal detention headquarters
12	State and Federal training or industrial schools
12	County and municipal training or industrial schools
12	Private schools for delinquents, such as "House of the Good Shepherd, "Boys Town," etc.
	Mental Institutions
21	Homes and training schools for mental defectives
21	Homes, training schools, colonies, and villages for epileptics
21	State, Federal, County, and City hospitals for mental diseases
21	Private hospitals and sanitariums for mental disease
22	Hospitals for the treatment of alcoholics and drug addicts
23	Veterans Administration mental hospitals
	Homes for the Aged, Infirm, and Needy
31	Orphan Asylums
31	Children's homes
32	County homes, almshouses, poor farms, etc.
33	Fraternal or religious homes for the aged
34	Commercial boarding house for the aged
35	Homes and schools for the blind
36	Homes and schools for the deaf
37	Hospital or resident schools, orthopedic hospitals, and homes for the crippled
38	Soldiers' and sailors' homes
39	Veterans Administration homes (domiciliary care)
40	**Nursing, Convalescent and Rest Homes**

Other Hospitals and Homes Providing Specialized Care

51 .... Tuberculosis sanitariums
52 .... Veterans Administration tuberculosis hospitals
53 .... Homes for incurables
54 .... Chronic and Cancer hospitals
55 .... Maternity homes for unmarried mothers
56 .... Detention and receiving homes

II. Other Special Dwelling Places

61 .... Veterans Administration General, Medical and Surgical Hospitals
62 .... Facilities for the Treatment of the Physically Ill

This type of facility treats physical disorders and is one in which the patient stays for a relatively short period of time. Examples of this type of special dwelling place are:

1. General or emergency hospitals; children's hospital; maternity hospital
2. Infirmary

71 .... Hotels, Transient-type
72 .... YMCA, Transient-type
73 .... YWCA, Transient-type
74 .... YMHA, Transient-type
75 .... Private residential clubs
76 .... Tourist homes
} Those that meet the special dwelling place definition
77 .... Motel, Transient-type
78 .... Tourist camp or court, Transient-type
79 .... Groups of 5 or more vacation cabins under single management, Transient-type
80 .... Combinations tourist-trailer court, Transient-type

Facilities for Housing Students

81 .... School Dormitory
82 .... Fraternity
83 .... Sorority
84 .... Schools with resident students (other than for the needy or infirm and other than resident schools with separate codes 93 and 94 — see below)
93 .... Schools with resident students and with predominantly non-salaried faculty such as nuns or priests
94 .... Schools with resident students and operated primarily for religious training (other than those with predominantly non-salaried faculty) such as Bible Institutes

Facilities for Housing Workers

85 .... Dormitory for workers

86 .... Bunkhouse (provided that it has or is expected to have quarters for 5 or more farm or ranch hands)

87 .... Labor Camp

88 .... Logging Camp

89 .... Migratory workers' camp

Additional Other Places

91 .... Convents

92 .... Monasteries

93 .... }
94 .... } See Facilities for Housing Students

00 .... Nurses' Homes

01 .... Flophouses

02 .... Missions

03 .... Recreational and Religious Camps (Adults or Family)

04 .... Recreational and Religious Camps (Children's)

05 .... Trailer Camps

06 .... Tent Camps

07 .... Armed Forces Installations

08 .... Armed Forces Hospitals

09 .... Non-transient Hotel (when instructed to treat as a special dwelling place)

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Outline of Items and Codes

Person Record (Record Type 2)

Number of Records = 110,530

Tape Locations	Item No.	Items and Codes
1-2	-	BLANK
3-5	HH-5	RANDOM RECODE OF PSU
6-7	HH-5	WEEK - CENSUS CODE 01, 21, 41, 61, 81 ... Week 01 02, 22, 42, 62, 82 ... Week 02 03, 23, 43, 63, 83 ... Week 03 04, 24, 44, 64, 84 ... Week 04 05, 25, 45, 65, 85 ... Week 05 06, 26, 46, 66, 86 ... Week 06 07, 27, 47, 67, 87 ... Week 07 08, 28, 48, 68, 88 ... Week 08 09, 29, 49, 69, 89 ... Week 09 10, 30, 50, 70, 90 ... Week 10 11, 31, 51, 71, 91 ... Week 11 12, 32, 52, 72, 92 ... Week 12 13, 33, 53, 73, 93 ... Week 13
8-9	HH-5	SEGMENT NUMBER Week plus Segment Number identifies the segment.
10-11	HH-5	HOUSEHOLD NUMBER Numbered within PSU-Week-Segment
12-13	-	PERSON NUMBER
14	-	RECORD TYPE (2)

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
15-16	-	BLANK - Record Serial Number in other record types
17-18	-	BLANK
19	Recode	PROCESSING QUARTER CODE 1 ... Quarter 1, 1979 2 ... Quarter 2, 1979 3 ... Quarter 3, 1979 4 ... Quarter 4, 1979
20	Recode	PROCESSING YEAR 9 ... 1979
21-27	-	BLANK
28	RC Record	TYPE OF PSU 0 ... The 31 Large Self-representing SMSA's 1 ... SMSA - Self-representing 3 ... SMSA - Nonself-representing 4 ... Non-SMSA - Self-representing 6 ... Non-SMSA - Nonself-representing
29	RC Record	REGION 1 ... Northeast 2 ... North Central 3 ... South 4 ... West

"MORE"

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

<table>
<tr><th>Tape Locations</th><th>Item No.</th><th>Items and Codes</th></tr>
<tr><td>30-31</td><td>RC Record</td><td>TABULATION AREA
Blank ... Non-self-representing sections and self-representing SMSA's other than 34-64.

Large Self-representing SMSA's
<table>
<tr><th>Recode</th><th>SMSA</th><th>RECODE</th><th>SMSA</th></tr>
<tr><td>34</td><td>Boston</td><td>49</td><td>Kansas City</td></tr>
<tr><td>35</td><td>New York*</td><td>50</td><td>St. Louis</td></tr>
<tr><td>36</td><td>Philadelphia</td><td>51</td><td>Houston</td></tr>
<tr><td>37</td><td>Pittsburgh</td><td>52</td><td>Dallas</td></tr>
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2 ... In SMSA; Not in Central City
3 ... Not in SMSA</td></tr>
<tr><td>34-35</td><td>-</td><td>BLANK</td></tr>
</table>

Tape Locations	Item No.	Items and Codes
36	Recode	SMSA - NON-SMSA RESIDENCE 1 ... SMSA 2 ... Non-SMSA - Nonfarm 3 ... Non-SMSA - Farm
37	HH-8	TYPE OF LIVING QUARTERS 1 ... Housing Unit 2 ... Other
38-42	-	BLANK
43	HH-15	TELEPHONE (Not edited) 1 ... Yes - phone 2 ... No or none 3 ... Phone, but no number listed or number refused 9 ... DK if phone or refused Blank ... Not reported and noninterviews
44-49	-	BLANK
50	Q1	RACE (DETAIL) 1 ... White 2 ... Black 3 ... Other
51	Recode	RACE RECODE 1 ... White 2 ... Other races
52	Q2	SEX 1 ... Male 2 ... Female

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
53-54	Q3	AGE 00 ... Under 1 year 01-98 ... Single years 99 ... 99+ years
55-56	Recode	AGE RECODE #1 01 ... 00-04 years 02 ... 05-14 03 ... 15-24 04 ... 25-34 05 ... 35-44 06 ... 45-54 07 ... 55-64 08 ... 65-74 09 ... 75+
57-58	Recode	AGE RECODE #2 01 ... Under 6 years 02 ... 6-16 03 ... 17-24 04 ... 25-34 05 ... 35-44 06 ... 45-54 07 ... 55-64 08 ... 65-74 09 ... 75+
59	Recode	AGE RECODE #3 1 ... Under 15 years 2 ... 15-44 3 ... 45-64 4 ... 65+
60	Q4	MARITAL STATUS 0 ... Under 17 years 1 ... Married - Spouse present 2 ... Widowed 3 ... Never married 4 ... Divorced 5 ... Separated 6 ... Married - Spouse absent

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
61-62	Q2a,b	EDUCATION OF INDIVIDUAL-COMPLETED YEARS 01 ... Under 17 years of age 02 ... None 03 ... 1-4 years completed 04 ... 5-7 years completed 05 ... 8 years completed 06 ... 9-11 years completed 07 ... 12 years completed (high school grad.) 08 ... 13-14 years completed 09 ... 15 years completed 10 ... 16 years completed (college graduate) 11 ... 17+ years completed (graduate school) 12 ... Unknown 13 ... Not reported
63	Q2a,b Recode	EDUCATION OF INDIVIDUAL RECODE 1 ... Under 17 years of age 2 ... None 3 ... 01-08 (elementary school) 4 ... 09-11 (high school) 5 ... 12 (high school graduate) 6 ... 13-15 (college) 7 ... 16+ (college graduate +) 8 ... Unknown
64-65	Q2a,b	EDUCATION OF FAMILY HEAD OR UNRELATED INDIVIDUAL - DETAIL 01 ... Under 17 years of age 02 ... None 03 ... 1-4 years completed 04 ... 5-7 years completed 05 ... 8 years completed 06 ... 9-11 years completed 07 ... 12 years completed (high school graduate) 08 ... 13-14 years completed 09 ... 15 years completed 10 ... 16 years completed (college graduate) 11 ... 17+ years completed (graduate school) 12 ... Unknown 13 ... Not reported

Tape Locations	Item No.	Items and Codes
66	Q2a,b Recode	EDUCATION OF HEAD - RECODE 1 ... Under 17 years of age 2 ... None 3 ... 01-08 (elementary school) 4 ... 09-11 (high school) 5 ... 12 (high school graduate) 6 ... 13-15 (college) 7 ... 16+ (college graduate +) 8 ... Unknown
67	Q3a,b	VETERAN STATUS 0 ... Under 17 years of age 1 ... Nonveteran 2 ... Peacetime only 3 ... World War I 4 ... World War II 5 ... Korean War 6 ... Vietnam veteran 7 ... DK if served in Armed Forces 8 ... DK if war veteran 9 ... Post Vietnam
68-69	Q12	FAMILY INCOME OR INCOME OF UNRELATED INDIVIDUAL 01 ... Under $1,000 02 ... $1,000-1,999 03 ... 2,000-2,999 04 ... 3,000-3,999 05 ... 4,000-4,999 06 ... 5,000-5,999 07 ... 6,000-6,999 08 ... 7,000-9,999 09 ... 10,000-14,999 10 ... 15,000-24,999 11 ... 25,000+ 12 ... Unknown 13 ... Not reported

Tape Locations	Item No.	Items and Codes
70	Q12 Recode	FAMILY INCOME RECODE 1 ... Under $3,000 2 ... $3,000-4,999 3 ... 5,000-6,999 4 ... 7,000-9,999 5 ... 10,000-14,999 6 ... 15,000-24,999 7 ... 25,000+ 8 ... Unknown
71-72	Q2	FAMILY RELATIONSHIP
71		Type of Family & ... Primary individual - ... Secondary individual 0 ... Primary family 1-9 ... Secondary families
72		Relationship & ... Unrelated individual living alone 0 ... Head of family or unrelated individual not living alone 1 ... Wife (husband living at home and not in Armed Forces) 2 ... Wife (husband living at home and is in Armed Forces) 3 ... Child of head or spouse 4 ... Grandchild of head or spouse 5 ... Parent of head or spouse 6 ... Other relative
73	Q2 Recode	FAMILY RELATIONSHIP RECODE (Living Arrangement) 1 ... Living alone 2 ... Living with nonrelatives 3 ... Living with spouse 4 ... Living with relatives - other

Tape Locations	Item No.	Items and Codes
74	Q19 & 20 Recode	USUAL ACTIVITY 0 ... Under 6 years 1 ... Usually working 2 ... Keeping house (female) 3 ... Retired - Health (45+ years) 4 ... Going to school 5 ... Something else 6 ... Unknown 7 ... Retired, Other (45+ years)
75	Q6	CURRENT ACTIVITY DURING PAST 2 WEEKS 0 ... Under 17 years
	Currently Employed	1 ... Worked in past 2 weeks 2 ... Did not work, has job, not on layoff and not looking for work 3 ... Did not work, has job, looking for work
	Unemployed	4 ... Did not work, has job, on layoff 5 ... Did not work, has job, on layoff and looking for work 6 ... Did not work, has job, unknown if looking or on layoff 7 ... Did not work, no job, looking for work or on layoff
		8 ... Not in labor force (17+)
76	Q7e	CLASS OF WORKER 0 ... Never worked 1 ... Private paid 2 ... Federal Government 3 ... State Government 4 ... Local Government 5 ... Incorporated business 6 ... Self-employed 7 ... Without pay 8 ... Not in Labor force 9 ... Unknown or not reported
77-79	Q7b	INDUSTRY DETAIL CODE 017-999 ... Code Number Blank ... Not applicable

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
80-81	Recode	INDUSTRY RECODE NO. 1 See Attachment
82-83	Recode	INDUSTRY RECODE NO. 2 See Attachment
84-86	Q7c	OCCUPATION DETAIL CODE 001-995 ... Code number Blank ... Not applicable
87-88	Recode	OCCUPATION RECODE NO. 1 See Attachment
89-90	Recode	OCCUPATION RECODE NO. 2 See Attachment
91	R (Q4-34)	RESPONDENT 1 ... Self entirely 2 ... Self partly 3 ... Spouse 4 ... Mother 5 ... Father 6 ... Other female family member 7 ... Other male family member 8 ... Other 9 ... Not reported
92-93	-	BLANK

Tape Location	Item No.	Items and Codes
94	R	AGE OF RESPONDENT 1 ... Under 20 years 2 ... 20-54 years 3 ... 55-64 years 4 ... 65-74 years 5 ... 75+ years 6 ... Unknown and Not reported
95-96	Generated	ACTUAL FAMILY SIZE 00 ... Unrelated individuals 01+ ... Family size
97	Recode	SIZE OF FAMILY RECODE 0 ... Unrelated Individuals 1 ... One member 2 ... 2 members 3 ... 3 members 4 ... 4 members 5 ... 5 members 6 ... 6 members 7 ... 7 members 8 ... 8+ members
98	Q21-27a	LIMITATION OF ACTIVITY DUE TO CHRONIC CONDITIONS 1 ... Cannot perform Usual Activity 2 ... Can perform UA but limited in amount and kind 3 ... Can perform UA but limited in outside activities 4 ... Not limited (including unknown) or not applicable (persons with no chronic conditions)
99-101	Q28a	DURATION OF LIMITATION OF ACTIVITY
99		Unit = 1 ... Months } if 1-3 chr. 98 2 ... Years } if 1-3 chr. 98 3 ... Unknown } if 1-3 chr. 98 Blank ... Not applicable
100-101		Number of Units = 00 ... Less than 1 month 01-97 ... Number of months or years 99 ... Unknown Blank ... Not applicable

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
102-105	-	BLANK
106-107	Generated	TOTAL RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS[1] 00 ... None 01-14 ... Number of Days
108-109	Q5a,b	BED DISABILITY DAYS IN PAST 2 WEEKS 00 ... None 01-14 ... Number of days
110	Q6,7	WORK/SCHOOL-LOSS DAY IDENTIFIER 1 ... Under 6 years of age 2 ... School-loss days 3 ... Work-loss days
111-112	Q6,7	WORK OR SCHOOL-LOSS DAYS IN PAST 2 WEEKS 00 ... None or Under 6 01-14 ... Number of days
113-114	-	BLANK
115-116	Q12d	DENTAL VISITS IN 2 WEEKS 00 ... None 01+... Number of visits

---

[1] Includes bed days, work-loss or school-loss days, and other restricted activity days.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
117-119	-	BLANK
120-123	Q18a	DOCTOR VISITS IN 12 MONTHS
120		Known/Unknown Code 1 ... Number of visits known 2 ... Number of visits unknown
121-123		Number of Visits 000 ... None or Unknown 001-997 ... Number of visits
124-126	Computer Generated	NUMBER OF SHORT-STAY HOSPITAL DAYS IN PAST 12 MONTHS[1] 000 ... None 001-365 ... Number of days
127	Q18b	INTERVAL SINCE LAST DOCTOR VISIT 0 ... Never 1 ... Visit in past 2 weeks 3 ... 2 weeks to less than 6 months 4 ... 6 months to less than 12 months 5 ... 1 year 6 ... 2-4 years 7 ... 5+ years 9 ... Unknown
128	Q13	INTERVAL SINCE LAST DENTAL VISIT 0 ... Never 1 ... Visits in 2 weeks 2 ... 2 weeks to less than 6 months 3 ... 6 months to less than 12 months 4 ... 1 year 5 ... 2-4 years 6 ... 5+ years 8 ... Unknown

---

[1] Short-stay Hospitals - All hospital service types except mental (Code 02), Tuberculosis (Code 03), Orthopedic (Code 08), Contagious Disease (Code 09), Chronic Disease (Code 10), all other (Code 12), Nursing Home (Codes 94 and 95), and not in index (Code 93).

Tape Locations	Item No.	Items and Codes
129-130	Generated	NUMBER OF SHORT-STAY HOSPITAL EPISODES[1] 00 ... None 01+... Number of visits
131-132	Generated	TOTAL 2-WEEK DOCTOR VISITS 00 ... None 01+... Number of visits
133-139	-	BLANK
140	Generated	HOSPITAL OWNERSHIP FOR SS EPISODES 0 ... No episodes 1 ... All in federal hospitals 2 ... All in nonfederal hospitals 3 ... Both federal and nonfederal hospitals
141	-	BLANK
142	Q34	BED DAYS PAST 12 MONTHS 0 ... None 1 ... 1-7 days 2 ... 8-30 days 3 ... 31-180 days 4 ... 181-365 days 5 ... Unknown
143-144	2	FAMILY STRUCTURE 01 ... Both parents, no other adults 02 ... Mother only 03 ... Father only 04 ... Both parents and other adult relative 05 ... Mother and other adult relative 06 ... Father and other adult relative 07 ... No parent, but one adult relative 08 ... No parent, but two or more adult relatives 09 ... Other 10 ... Not applicable, 25+ years and/or ever married

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[1] See page P-13

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
145	Q33	HEALTH STATUS 1 ... Excellent 2 ... Good 3 ... Fair 4 ... Poor 5 ... Unknown
146	-	BLANK
147-148	Q7f	HOURS WORKED PER WEEK AT MAIN JOB 01-97 ... 1-97 hours worked 98 ... 98+ hours worked 99 ... Unknown Blank ... Not in labor force or never worked
149	Q7g	OTHER JOBS PAST 2 WEEKS 1 ... Yes 2 ... No 3 ... Unknown Blank ... Not in labor force or never worked or does not have job or business
150-155	-	BLANK
156-157	Q1a	HEIGHT WITHOUT SHOES 36-84 ... Number of inches 99 ... Unknown Blank ... Under 17 years of age
58	Q10b	USED MEDICAID - PAST 12 MONTHS 1 ... Yes 2 ... No 3 ... Unknown

Tape Locations	Item No.	Items and Codes
159	Q11b,d	MEDICAID - TYPE OF CARD 1 ... Medicaid card - current 2 ... Medicaid card - expired 3 ... Card seen - unknown type 4 ... Unknown 5 ... No Medicaid card or not reported
160-162	Q1b	WEIGHT WITHOUT SHOES 050-400 ... Number of pounds 999 ... Unknown Blank ... Under 17 years of age
163-164	Item 7h	HOURS WORKED AT ALL JOBS 01-97 ... 01-97 hours worked 98 ... 98+ hours worked 99 ... Unknown Blank ... Not applicable - chr. 149 ≠ 1,3
165-166	Item 8	WEEKS WORKED PER YEAR 00 ... None 01-51 ... 01-51 weeks 52 ... All year 53 ... Unknown Blank ... Under 17 years
167-168	Item 9	LAST WORKED FOR MORE THAN 2 WEEKS 00 ... Less than year 01-97 ... 1-97 years 98 ... Never worked 99 ... Unknown Blank ... Under 17 years or worked in past 2 weeks
169-170	-	BLANK

Tape Locations	Item No.	Items and Codes
171	Recode	CONDITION LIST ASSIGNED AND ASKED 1 ... Condition List 1 - Digestive 2 ... Condition List 2 - Bone and Muscle 3 ... Condition List 3 - Miscellaneous[1] 4 ... Condition List 4 - Impairments 5 ... Condition List 5 - Circulatory 6 ... Condition List 6 - Respiratory 7 ... Unknown
172	Q13a	RECEIVED INCOME 1 ... Yes 2 ... No
173-174	Q14	INDIVIDUAL INCOME 01 ... Under $1,000 02 ... $1,000 - 1,999 03 ... 2,000 - 2,999 04 ... 3,000 - 3,999 05 ... 4,000 - 4,999 06 ... 5,000 - 5,999 07 ... 6,000 - 6,999 08 ... 7,000 - 9,999 09 ... 10,000 - 14,999 10 ... 15,000 - 24,999 11 ... 25,000 and over 12 ... Unknown 13 ... No income received
175-176	Recode Q14	INCOME OF HEAD OF FAMILY 01 ... Under $1,000 02 ... $1,000 - 1,999 03 ... 2,000 - 2,999 04 ... 3,000 - 3,999 05 ... 4,000 - 4,999 06 ... 5,000 - 5,999 07 ... 6,000 - 6,999 08 ... 7,000 - 9,999 09 ... 10,000 - 14,999 10 ... 15,000 - 24,999 11 ... 25,000 and over 12 ... Unknown 13 ... No income received

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[1] Includes chronic conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems and of other selected chronic conditions.

Tape Locations	Item No.	Items and Codes
177-178	Recode Q12,13,14	INCOME OF MAJOR BREADWINNER 01 ... Under $1,000 02 ... $1,000 - 1,999 03 ... 2,000 - 2,999 04 ... 3,000 - 3,999 05 ... 4,000 - 4,999 06 ... 5,000 - 5,999 07 ... 6,000 - 6,999 08 ... 7,000 - 9,999 09 ... 10,000 - 14,999 10 ... 15,000 - 24,999 11 ... 25,000 and over 12 ... Unknown 13 ... No income received
179	Q4a,b	MAIN RACIAL BACKGROUND 1 ... Alaskan Native or American Indian 2 ... Asian or Pacific Islander 3 ... Black 4 ... White 5 ... Another group not listed 6 ... Multiple entry - unknown which is main racial background 7 ... Unknown
180-181	-	BLANK
182-187	-	BASIC WEIGHT BEFORE ASC ADJUSTMENT (XXXXX.X)
188-192	-	FINAL BASIC WEIGHT (XXXXX.)
193-198	-	6.5 WEIGHT (FINAL BASIC WEIGHT x 6.5) (XXXXXX)
199-200	Q5a,b	MAIN SPANISH ORIGIN 01 ... Puerto Rican 02 ... Cuban 03 ... Mexican 04 ... Mexicano 05 ... Mexican American 06 ... Chicano 07 ... Other Latin American 08 ... Other Spanish 09 ... Spanish - DK type 10 ... No - Not Spanish origin 11 ... Unknown

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Character Tape Locations	Previous Binary Tape Location	Items and Codes
201-209	201-204	Basic Weight using one quarter's data (B.W.)
210-218	205-208	Basic Weight using two quarter's data (B.W./2)
219-227	209-212	Basic Weight using four quarter's data (B.W./4)
228-236	213-216	Basic Weight using eight quarter's data (B.W./8)
		6.5 WEIGHT (Basic weight x 6.5)
237-245	217-220	Quarter and Semiannual, Annual
246-254	221-224	Biannual (6.5 wt/2)
		WEIGHTED NUMBER OF RESTRICTED ACTIVITY DAYS FOR A GIVEN PERIOD (Based on 2-week recall period)
255-263	225-228	Quarter, Semiannual, Annual
264-272	229-232	Biannual
		WEIGHTED NUMBER OF BED DAYS FOR A GIVEN PERIOD (Based on 2-week recall period)
273-281	233-236	Quarter, Semiannual, Annual
282-290	237-240	Biannual
		WEIGHTED NUMBER OF WORK/SCHOOL LOSS DAYS FOR A GIVEN PERIOD (based on 2-week recall period)
291-299	241-244	Quarter, Semiannual, Annual
300-308	245-248	Biannual
309-317	249-252	ZEROS
318-326	253-256	
		WEIGHTED NUMBER OF DENTAL VISITS FOR A GIVEN PERIOD (based on 2-week recall period)
327-335	257-260	Quarter, Semiannual, Annual
336-344	261-264	Biannual

Character Tape Locations	Previous Binary Tape Locations	Items and Codes
345-354		CHRONIC CONDITION PREVALENCE AND INCIDENCE FACTOR (XX.XXXXXXX For prevalence or incidence estimates of chronic conditions, tabulate only on the list assigned and asked which includes the chronic condition, and multiply the appropriate weight by the factor in this field. This will weight the one-sixth subsample to full-sample totals.
355-380	-	BLANK
		WEIGHTED NUMBER OF DOCTOR VISITS FOR A GIVEN PERIOD (Based on a 12-month recall period)
381-389	281-284	Quarter
390-398	285-288	Semiannual
399-407	289-292	Annual
408-416	293-296	Biannual
		WEIGHTED NUMBER OF SHORT-STAY HOSPITAL DAYS FOR A GIVEN PERIOD (Based on a 12-month recall period)
417-425	297-300	Quarter
426-434	301-304	Semiannual
435-443	305-308	Annual
444-452	309-312	Biannual
453-461	313-316	ANNUAL WEIGHTED NUMBER OF SHORT-STAY HOSPITAL EPISODES FOR A GIVEN PERIOD (Based on a 12-month recall period)
462-466	-	BLANK

"END"

HIS - 1979 COMPUTER PROCESSING

Industry Recodes Outline

Attachment to Person Final Tape Record

Recodes		Detail Code (Chrs. 77-79)	INDUSTRY TITLE	SIC Code*
o. 1 hrs. 80-81)	No. 2 (Chrs. 82-83)			
1	01	017-019	AGRICULTURE	01, 07, ex 0713
2	02	027-028	FORESTRY AND FISHERIES	08,09
10	03	047-049 057	MINING	10-14
20	04	067-069 077	CONSTRUCTION	15-17
(30-43)	(05)		MANUFACTURING:	
30	05	268-298	Food and Kindred Products	20,0713
31	05	307-318	Textile Mill Products	22
32	05	319,327	Apparel and other finished products made from fabrics and similar materials	23
33	05	107-109	Lumber and wood products, except furnitures	24
34	05	118	Furniture and fixtures	25
35	05	338,339	Printing, publishing, and allied industries	27
36	05	347-369	Chemicals and allied products	28
37	05	119-138	Stone, clay, and glass products	32
38	05	139-149	Primary metal industries	33
39	05	157-169	Fabricated metal products, except ordnance, machinery and transportation equipment	34

Standard International Classification

Recodes		Detail Code (Chrs. 77-79)	INDUSTRY TITLE	SIC Code*
No. 1 (Chrs. 80-81)	No. 2 (Chrs. 82-83)			
(30-43)	05		MANUFACTURING:	
40	05	177-198	Machinery, except electrical	35
41	05	199-209	Electrical machinery, equipment, and supplies	36
42	05	219-238	Transportation Equipment	37
43	05	239-259 299 328-337 377-398	All other and unspecified	21,26, 29-31, 38,39, 19
(50-51)	(06)		TRANSPORTATION	
50	06	407	Railroad transportation	40
51	06	408-429	All other transportation	41,42 44-47
52	06	447-449	COMMUNICATION	48
53	06	467-479	ELECTRIC, GAS, AND SANITARY SERVICES	49
60	07	507-588	WHOLESALE TRADE	50
-62)	(07)		RETAIL TRADE:	
61	07	669	Eating and drinking places	58
62	07	607-668 677-698	Other retail trade	52-57, 59
0	08	707-718	FINANCE, INSURANCE, AND REAL ESTATE	60-67

andard International Classification

Recodes		Detail Code (Chrs. 77-79)	INDUSTRY TITLE	SIC CODE*
. 1 80-81)	No. 2 (Chrs. 82-83)			
(80-87)	(09)		SERVICES:	
80	09	779-798	Personal services (except private households	72
81	09	727-748	Miscellaneous business services	73
82	09	749-759	Repair services	75,76
83	09	807-809	Amusement and recreation services	78,79
84	09	828-848	Medical and other health services	80
85	09	857-869	Educational services	82,84
86	09	769	Private households	88
87	09	777,778, 849,877-897	Other miscellaneous services	70,81 86,89
(90-92)	(10)		GOVERNMENT	
90	10	907,917	Federal government, including international	91,94
91	10	927	State government	92
92	10	937	Local government	93
93	11	997,999 and all other codes	UNKNOWN INDUSTRY	-
94	11	996	New Worker	99
95	12	Not Applicable	Codes 0 and 8 in current activity recode (Loc. 75) (Under 17 or 17+ and not in Labor Force)	

dard International Classification

HIS - 1979 COMPUTER PROCESSING

Industry Recode No. 2 - Titles

Code	TITLES	Recode No. 1 Inclusions
01	Agriculture	01
02	Forestry and Fisheries	02
03	Mining	10
04	Construction	20
05	Manufacturing	30-43
06	Transportation and Public Utilities	50-53
07	Wholesale and Retail Trade	60-62
08	Finance, Insurance, and Real Estate	70
09	Services and Miscellaneous	80-87
10	Public Administration	90-92
11	Unknown	93,94
12	Not in Labor Force	95

HIS - 1979

Occupation Recode Outline

Recodes		Detail Code (Chrs. 84-86)	OCCUPATION TITLE
No. 1 hrs. 87-88)	No. 2 (Chrs. 89-90)		
(01-06)			PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS
01	01	002,006-023	Engineers and architects
02	01	034-054, 091-096	Scientists
03	01	061-085	Health workers
04	01	102-145	Teachers, including college
05	01	150-162	Engineering and science technicians
06	01	All other codes 0--,1--	All other professional, technical, and kindred workers
07	02	201-245	Managers and administrators, except farm
10	03	260-285	Sales workers
(11-15)			CLERICAL AND KINDRED WORKERS
11	04	305	Bookkeepers
12	04	341-355	Office machine operators
13	04	331,332, 361,383	Mail handlers, postal clerks, and telegraph messengers
14	04	364-372 376,391	Secretaries, stenographers, typists, and receptionists
15	04	All other codes 3--	All other clerical workers

Recodes		Detail Code	OCCUPATION TITLE
No. 1 (Chrs. 87-88)	No. 2 (Chrs. 89-90)	(Chrs. 84-86)	
(20-24)			CRAFTSMEN AND KINDRED WORKERS
20	05	415,416	Carpenters
21	05	410-412,421, 430,431,436, 440,510-512, 520-523, 534,550, 560	Other construction craftsmen
22	05	470-495	Mechanics and repairmen
23	05	403,404, 442,446, 454,461, 462,502-504, 514,533, 535-540, 561,562	Metal craftsmen, except mechanics
24	05	All other codes 4--, 5--	All other craftsmen
30	06	601-696	Operatives, except transport
31	07	701-715	Transport equipment operatives
40	08	740-785	Laborers, except farm
50	09	801,802	Farmers and farm managers
51	10	821-824	Farm laborers and farm foremen

Recodes		Detail Code (Chrs. 84-86)	OCCUPATION TITLE
No. 1 (Chrs. 87-88)	No. 2 (Chrs. 89-90)		
(60-63)			SERVICE WORKERS, EXCEPT PRIVATE HOUSEHOLD
60	11	901-903	Cleaning service
61	11	910-916	Food service
62	11	921-954	Health and personal service
63	11	960-965	Protective service
64	12	980-984	Private household workers
70	13	995	Occupation not reported, or unknown
80	13	990	New workers
90	14	Not Applicable	Codes 0 and 8 in current activity recode (Loc. 75).

HIS - 1979 COMPUTER PROCESSING

Occupation Recode No. 2 - Titles

Code	TITLE	Recode No. 1 Inclusions
01	Professional, technical, and kindred workers	01-06
02	Managers and administrators, except farm	07
03	Sales workers	10
04	Clerical and kindred workers	11-15
05	Craftsmen and kindred workers	20-24
06	Operatives, except transport	30
07	Transport equipment operatives	31
08	Laborers, except farm	40
09	Farmers and farm managers	50
10	Farm laborers and farm foremen	51
11	Service workers, except private household	60-63
12	Private household workers	64
13	Unknown	70,80
14	Not in labor force	90

CONDITIONS

CONDITION FILE INCLUSIONS

The Condition File is comprised of the following types of records:

1. Acute condition records (location 103=2).
2. Chronic condition records where the condition is reported to be the main or secondary cause of activity limitation (location 103=1 and location 129=1 or 2).
3. Chronic condition records (location 103=1) with locations 105-108 coded to the check list of conditions for each body system: digestive; skin and musculoskeletal; genitourinary, etc.; circulatory; and respiratory.

For 1979, the total sample was divided into six sub-samples. Each of these sub-samples were administered a check list of broad categories of chronic conditions, including impairments.

The condition list assigned and asked is indicated in tape location 177:

1 ... Digestive

2 ... Skin and Musculoskeletal

3 ... Miscellaneous (includes conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems and other selected chronic conditions).

4 ... Impairments

5 ... Circulatory

6 ... Respiratory

7 ... Unknown

To obtain the weighted prevalence for a particular system:

a. Control on the code in location 177 for the system.

b. Divide the factor in locations 411-420 by 1,000,000 (to adjust for the implied decimal) and multiply the result by the weight in locations 219-227.

c. Sum the results of b.

Prevalence of specific conditions within the check lists can be obtained by using the ICD codes (location 105-108) or a combination of Recode 1 codes (location 109-111) and the ICD codes. There are at least two situations where the same conditions appear on two separate lists. For example, selected impairments appear in both 177:2 and 177:4 and diabetes appears in 177:1 and 177:3.

To obtain the prevalence of diabetes using both condition lists:

a. Control on the list codes in location 177 (177:1 and 177:3) and location 109-111:090.

b. Divide the factor in locations 411-420 by 2,000,000 (to adjust for the implied decimal) and multiply the result by the weight in locations 219-227.

c. Sum the results of b.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Outline of Items and Codes

Condition Record (Record Type 3)

Number of Records = 59,629—

Tape Locations	Item No.	Items and Codes
1-2	-	BLANK
3-5	HH-5	RANDOM RECODE OF PSU
6-7	HH-5	WEEK - CENSUS CODE 01, 21, 41, 61, 81 ... Week 01 02, 22, 42, 62, 82 ... Week 02 03, 23, 43, 63, 83 ... Week 03 04, 24, 44, 64, 84 ... Week 04 05, 25, 45, 65, 85 ... Week 05 06, 26, 46, 66, 86 ... Week 06 07, 27, 47, 67, 87 ... Week 07 08, 28, 48, 68, 88 ... Week 08 09, 29, 49, 69, 89 ... Week 09 10, 30, 50, 70, 90 ... Week 10 11, 31, 51, 71, 91 ... Week 11 12, 32, 52, 72, 92 ... Week 12 13, 33, 53, 73, 93 ... Week 13
8-9	HH-5	SEGMENT NUMBER Week plus Segment Number identifies the segment
10-11	HH-5	HOUSEHOLD NUMBER Numbered within PSU-Week-Segment
12-13	-	PERSON NUMBER
14	-	RECORD TYPE (3)
15-16	-	RECORD SERIAL NUMBER

— See Condition File Inclusions preceding this page.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
17-18	-	BLANK
19	Recode	PROCESSING QUARTER CODE 1 ... Quarter 1, 1979 2 ... Quarter 2, 1979 3 ... Quarter 3, 1979 4 ... Quarter 4, 1979
20	Recode	PROCESSING YEAR 9 ... 1979
21-27	-	BLANK
28	RC Record	TYPE OF PSU 0 ... The 31 Large Self-representing SMSA's 1 ... SMSA - Self-representing 3 ... SMSA - nonself-representing 4 ... Non-SMSA - Self-representing 6 ... Non-SMSA - Nonself-representing
29	RC Record	REGION 1 ... Northeast 2 ... North Central 3 ... South 4 ... West

"MORE"

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

<table>
<tr><th>Tape Locations</th><th>Item No.</th><th>Items and Codes</th></tr>
<tr><td>30-31</td><td>RC Record</td><td>TABULATION AREA
Blank ... Nonself-representing section and self-representing SMSA's other than 34-64.
Large Self-representing SMSA's
<table>
<tr><th>Recode</th><th>SMSA</th><th>Recode</th><th>SMSA</th></tr>
<tr><td>34</td><td>Boston</td><td>49</td><td>Kansas City</td></tr>
<tr><td>35</td><td>New York*</td><td>50</td><td>St. Louis</td></tr>
<tr><td>36</td><td>Philadelphia</td><td>51</td><td>Houston</td></tr>
<tr><td>37</td><td>Pittsburgh</td><td>52</td><td>Dallas</td></tr>
<tr><td>38</td><td>Detroit</td><td>53</td><td>Washington, D.C.</td></tr>
<tr><td>39</td><td>Chicago**</td><td>54</td><td>Seattle-Everett</td></tr>
<tr><td>40</td><td>Cincinnati</td><td>55</td><td>San Diego</td></tr>
<tr><td>41</td><td>Los Angeles-Long Beach</td><td>56</td><td>Anaheim-Santa Ana-Garden Grove</td></tr>
<tr><td>42</td><td>San Francisco-Oakland</td><td>57</td><td>Miami</td></tr>
<tr><td></td><td></td><td>58</td><td>Denver</td></tr>
<tr><td>43</td><td>Baltimore</td><td>59</td><td>San Bernardino-Riverside-Ontario</td></tr>
<tr><td>44</td><td>Atlanta</td><td></td><td></td></tr>
<tr><td>45</td><td>Buffalo</td><td>60</td><td>Indianapolis</td></tr>
<tr><td>46</td><td>Cleveland</td><td>61</td><td>San Jose</td></tr>
<tr><td>47</td><td>Minneapolis-St. Paul</td><td>62</td><td>New Orleans</td></tr>
<tr><td></td><td></td><td>63</td><td>Tampa-St. Petersburg</td></tr>
<tr><td>48</td><td>Milwaukee</td><td>64</td><td>Portland, Oregon</td></tr>
</table>
* Northeastern New Jersey Consolidated Area
** Northwestern Indiana Consolidated Area</td></tr>
<tr><td>32</td><td>-</td><td>BLANK</td></tr>
<tr><td>33</td><td>RC Record</td><td>GEOGRAPHIC IDENTIFICATION
1 ... In SMSA; in Central City
2 ... In SMSA; Not in Central City
3 ... Not in SMSA</td></tr>
<tr><td>34-35</td><td>-</td><td>BLANK</td></tr>
</table>

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
36	Recode	SMSA - NON-SMSA RESIDENCE 1 ... SMSA 2 ... Non-SMSA - Nonfarm 3 ... Non-SMSA - Farm
37	HH-8	TYPE OF LIVING QUARTERS 1 ... Housing Unit 2 ... Other
38-42	-	BLANK
43	HH-15	TELEPHONE (Not edited) 1 ... Yes - phone 2 ... No or none 3 ... Phone, but no number listed or number refused 9 ... DK if phone or refused Blank ... Not reported
44-49	-	BLANK
50	Q1	RACE (DETAIL) 1 ... White 2 ... Black 3 ... Other
51	Recode	RACE RECODE 1 ... White 2 ... Other races
52	Q2	SEX 1 ... Male 2 ... Female
53-54	Q3	AGE 00 ... Under 1 year 01-98 ... Single years 99 ... 99+ years

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
55-56	Recode	AGE RECODE #1 01 ... 00-04 years 02 ... 05-14 years 03 ... 15-24 years 04 ... 25-34 years 05 ... 35-44 years 06 ... 45-54 years 07 ... 55-64 years 08 ... 65-74 years 09 ... 75+ years
57-58	Recode	AGE RECODE #2 01 ... Under 6 years 02 ... 6-16 years 03 ... 17-24 years 04 ... 25-34 years 05 ... 35-44 years 06 ... 45-54 years 07 ... 55-64 years 08 ... 65-74 years 09 ... 75+ years
59	Recode	AGE RECODE #3 1 ... Under 15 years 2 ... 15-44 years 3 ... 45-64 years 4 ... 65+ years
60	Q4	MARITAL STATUS 0 ... Under 17 years 1 ... Married - Spouse present 2 ... Widowed 3 ... Never married 4 ... Divorced 5 ... Separated 6 ... Married - Spouse absent

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
61-62	Q2a,b	EDUCATION OF INDIVIDUAL - COMPLETED YEARS 01 ... Under 17 years of age 02 ... None 03 ... 1-4 years completed 04 ... 5-7 years completed 05 ... 8 years completed 06 ... 9-11 years completed 07 ... 12 years completed (High School grad.) 08 ... 13-14 years completed 09 ... 15 years completed 10 ... 16 years completed (College graduate) 11 ... 17+ years completed (Graduate school) 12 ... Unknown 13 ... Not reported
63	Q2a,b Recode	EDUCATION OF INDIVIDUAL RECODE 1 ... Under 17 years of age 2 ... None 3 ... 01-08 (elementary school) 4 ... 09-11 (high school) 5 ... 12 (high school graduate) 6 ... 13-15 (college) 7 ... 16+ (college graduate +) 8 ... Unknown
64-65	Q2a,b	EDUCATION OF FAMILY HEAD OR UNRELATED INDIVIDUAL - DETAIL 01 ... Under 17 years of age 02 ... None 03 ... 1-4 years completed 04 ... 5-7 years completed 05 ... 8 years completed 06 ... 9-11 years completed 07 ... 12 years completed (high school grad.) 08 ... 13-14 years completed 09 ... 15 years completed 10 ... 16 years completed (college graduate) 11 ... 17+ years completed (graduate school) 12 ... Unknown 13 ... Not reported

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
66	Q2a,b Recode	EDUCATION OF HEAD - RECODE 1 ... Under 17 years of age 2 ... None 3 ... 01-08 (elementary school) 4 ... 09-11 (high school) 5 ... 12 (high school graduate) 6 ... 13-15 (college) 7 ... 16+ (college graduate +) 8 ... Unknown
67	Q3a,b	VETERAN STATUS 0 ... Under 17 years of age 1 ... Nonveteran 2 ... Peacetime only 3 ... World War I 4 ... World War II 5 ... Korean War 6 ... Vietnam Veteran 7 ... DK if served in Armed Forces 8 ... DK if war veteran 9 ... Post Vietnam
68-69	Q12	FAMILY INCOME OR INCOME OF UNRELATED INDIVIDUAL 01 ... Under $1,000 02 ... $1,000-1,999 03 ... 2,000-2,999 04 ... 3,000-3,999 05 ... 4,000-4,999 06 ... 5,000-5,999 07 ... 6,000-6,999 08 ... 7,000-9,999 09 ... 10,000-14,999 10 ... 15,000-24,999 11 ... 25,000+ 12 ... Unknown 13 ... Not reported
70	Q12 Recode	FAMILY INCOME RECODE 1 ... Under $3,000 2 ... $3,000-4,999 3 ... 5,000-6,999 4 ... 7,000-9,999 5 ... 10,000-14,999 6 ... 15,000-24,999 7 ... 25,000+ 8 ... Unknown

Tape Locations	Item No.	Items and Codes
71-72	Q2	FAMILY RELATIONSHIP
71		Type of Family & ... Primary Individual - ... Secondary individual 0 ... Primary family 1-9 ... Secondary families
72		Relationship & ... Unrelated individual living alone 0 ... Head of family or unrelated individual not living alone 1 ... Wife (husband living at home and not in Armed Forces) 2 ... Wife (husband living at home and is in Armed Forces) 3 ... Child of head or spouse 4 ... Grandchild of head or spouse 5 ... Parent of head or spouse 6 ... Other relative
73	Q2 Recode	FAMILY RELATIONSHIP RECODE (Living Arrangement) 1 ... Living alone 2 ... Living with nonrelatives 3 ... Living with spouse 4 ... Living with relatives - other
74	Q19 & 20 Recode	USUAL ACTIVITY 0 ... Under 6 years 1 ... Usually working 2 ... Keeping house (female) 3 ... Retired - Health (45+ years) 4 ... Going to school 5 ... Something else 6 ... Unknown 7 ... Retired, Other (45+ years)

Tape Locations	Item No.	Items and Codes
75	Q6 Currently Employed (codes 1-3) Unemployed (codes 4-7)	CURRENT ACTIVITY DURING PAST 2 WEEKS 0 ... Under 17 years 1 ... Worked in past 2 weeks 2 ... Did not work, has job, not on layoff and not looking for work 3 ... Did not work, has job, looking for work 4 ... Did not work, has job, on layoff 5 ... Did not work, has job, on layoff and looking for work 6 ... Did not work, has job, unknown if looking or on layoff 7 ... Did not work, no job, looking for work or on layoff 8 ... Not in labor force (17+)
76	Q7e	CLASS OF WORKER 0 ... Never worked 1 ... Private paid 2 ... Federal Government 3 ... State Government 4 ... Local Government 5 ... Incorporated business 6 ... Self-employed 7 ... Without pay 8 ... Not in labor force 9 ... Unknown or not reported
77-79	Q7b	INDUSTRY DETAIL CODE 017-999 ... Code number Blank ... Not applicable
80-81	Recode	INDUSTRY RECODE NO. 1 See Attachment
82-83	Recode	INDUSTRY RECODE NO. 2 See Attachment
84-86	Q7c	OCCUPATION DETAIL CODE 001-995 ... Code number Blank ... Not applicable

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
87-88	Recode	OCCUPATION RECODE NO. 1 See Attachment
89-90	Recode	OCCUPATION RECODE NO. 2 See Attachment
91	R (Q4-34)	RESPONDENT 1 ... Self entirely 2 ... Self partly 3 ... Spouse 4 ... Mother 5 ... Father 6 ... Other female family member 7 ... Other male family member 8 ... Other 9 ... Not reported
92-93	-	BLANK
94	R	AGE OF RESPONDENT 1 ... Under 20 years 2 ... 20-54 years 3 ... 55-64 years 4 ... 65-74 years 5 ... 75+ years 6 ... Unknown and Not reported
95-96	Generated	ACTUAL FAMILY SIZE 00 ... Unrelated individuals 01+ ... Family size
97	Recode	SIZE OF FAMILY RECODE 0 ... Unrelated individuals 1 ... One member 2 ... 2 members 3 ... 3 members 4 ... 4 members 5 ... 5 members 6 ... 6 members 7 ... 7 members 8 ... 8+ members

Tape Locations	Item No.	Items and Codes
98-100	C	QUESTION NUMBER--THIS CONDITION (First 3 Sources)(Not edited) Source 1 (Loc. 98) Source 2 (Loc. 99) Source 3 (Loc. 100) 0 ... Q10 Q10 Q10 1 ... Q11 Q11 Q11 2 ... Q17 Q17 Q17 3 ... Q28 Q28 Q28 4 ... Q32 Q32 Q32 7 ... D.V. Page D.V. Page D.V. Page 8 ... Condition Condition Condition 9 ... Hospital Hospital Hospital - ... Other Other Other Blank ... Not reported Not reported Not reported
101-102	-	BLANK
103	C-3	CHRONIC/ACUTE CODE 1 ... Chronic 2 ... Acute
104	C-9	ONSET 1 ... Last week 2 ... Week before 3 ... 2 weeks to 3 months 4 ... 3-12 months 5 ... 12+ months
105-108	C-3	CONDITION - DIAGNOSTIC CODE ICD Rubric
109-111	Recode	DIAGNOSIS RECODE NO. 1 see listings dated October 1, 1980.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
112-115	Recode	DIAGNOSIS RECODE NO. 2 See listings dated October 1, 1980.
116-117	Recode	DIAGNOSIS RECODE NO. 3 See listings dated October 1, 1980.
118-119	C-4,5	RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS[2] 00 ... None 01-14 ... Number of days
120-121	C-6	BED DAYS IN PAST 2 WEEKS 00 ... None 01-14 ... Number of days
122	C-7,8	WORK OR SCHOOL LOSS DAYS IDENTIFIER 1 ... Under 6 2 ... 6-16 - school 3 ... 17+ work
123-124	C-7,8	WORK OR SCHOOL LOSS DAYS IN PAST 2 WEEKS 00 ... None 01-14 ... Number of days
125	Person	LIMITATION OF ACTIVITY (DUE TO CHRONIC CONDITIONS) 1 ... Cannot perform usual activity 2 ... Can perform UA but limited in amount and kind 3 ... Can perform UA but limited in outside activities 4 ... Not limited (including unknown)

[2] Includes bed days, work-loss and school-loss days, and other restricted activity days.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
126-128	Person	DURATION OF LIMITATION OF ACTIVITY
126	Person	Unit = 1 ... Months 2 ... Years 3 ... Unknown } if 1-3 chr. 125 blank ... Not applicable
127-128	Person	Number of Units = 00 ... Less than 1 month 01-97 ... Number of months or years 99 ... Unknown blank ... NA
129	-	CAUSE OF LIMITATION OF ACTIVITY (DUE TO CHRONIC CONDITIONS) 1 ... Main cause 2 ... Secondary cause 3 ... Not cause of limitation 4 ... Not limited
130-133	15b	CONDITIONS FROM PROBE Q32[1]
130		Work Loss Days in Past 12 Months Unknown Code 1 ... None and known number of visits 2 ... Unknown and Not reported
131-133		Number of Days 000-365
134	-	BLANK
135	C-2	DOCTOR SEEN 1 ... Yes 2 ... No

---

[1] All locations from 130-133, 144-157 are blank or zero if source of condition is not Q32 (4 in Chr. 136).

Tape Locations	Item No.	Items and Codes
136	-	CONDITIONS PAST AA 1 ... Doctor seen 2 ... Doctor not seen 4 ... Conditions not past AA
137-143	-	BLANK
144-157		CONDITIONS FROM PROBE Q32[1]
144	11a	Takes Medicine or Treatment Now (Doctor seen) 1 ... Yes 2 ... No 3 ... DK or Not reported 4 ... Not applicable (Doctor not seen)
145	11b	Medicine or Treatment Recommended by Doctor (Doctor seen) 1 ... Yes 2 ... No 3 ... DK or Not reported 4 ... Not applicable (Doctor not seen or no medicine or treatment)
146	C-12	Surgical Treatment (Doctor Seen) 1 ... Yes 2 ... No 3 ... DK or Not reported 4 ... Not applicable (Doctor not seen)
147	C-13	Hospitalization (Doctor seen) 1 ... Yes 2 ... No 3 ... DK or not reported 4 ... Not applicable (Doctor not seen)
148	C-14	Doctor Visits in Past 12 Months (Doctor seen) Unknown Code 1 ... None or known number of visits 2 ... Unknown or not reported 3 ... Not applicable (Doctor not seen)
149-151	C-14	Number of Visits 000-998 ... Number of visits if 1 in Location 148 000 ... Unknown, Not reported, Not applicable if 2 or 3 in Location 148

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[1] See page C-13.

Tape Locations	Item No.	Items and Codes
144-157		CONDITIONS FROM PROBE Q32 ---Cont'd.[1]
152-155	C-15a	Bed Days in Past 12 Months
152		Unknown Code 1 ... None and Known number of visits 2 ... Unknown and Not reported
153-155	C-15a	Number of Days 000-365
156	C-16a	Frequency of Bother 1 ... Never 2 ... All the time 3 ... Often 4 ... Once in a while 5 ... Other 6 ... DK, not reported
157	C-16b	How Bothers 1 ... Never 2 ... Great deal 3 ... Some 4 ... Very little 5 ... Other 6 ... DK, Not reported
158-159	-	BLANK
160	C-3 17-21	INJURIES - QUESTIONS 17-21 FILLED? 1 ... Not filled, adverse reaction 2 ... Not filled, other injuries 3 ... Q17-21 filled Blank ... No injuries

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[1] See page C-13.

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
161	C-3	FIRST INJURY 1 ... Yes 2 ... No Blank ... No injuries
162	-	INJURY REQUIRES HOSPITALIZATION 1 ... Yes 2 ... No Blank ... No injuries
163	C-21a	INJURIES-MOTOR VEHICLE INVOLVED 1 ... Yes 2 ... No 3 ... DK (including Q17-21 not filled) Blank ... No injuries
164	C-21c	INJURIES - MOVING MOTOR VEHICLE INVOLVED 1 ... Yes 2 ... No 3 ... DK 4 ... Not applicable - if #1 in Location 163 Blank ... No injuries
165	C-19	INJURIES - WHERE DID ACCIDENT HAPPEN? 1 ... At home - inside 2 ... At home - outside 3 ... Street and highway 4 ... Farm 5 ... Industrial place 6 ... School 7 ... Place of recreation 8 ... Other 9 ... DK, Not reported Blank ... No injuries

Tape Locations	Item No.	Items and Codes
166	C-20	INJURIES - WERE YOU AT WORK AT TIME OF ACCIDENT? 1 ... Yes 2 ... No 3 ... Armed Forces 4 ... Under 17 at time of accident 5 ... DK, Not reported Blank ... No injuries
167-168	-	BLANK
169-171	Recode	INJURIES - CLASS OF ACCIDENT See Attachment
172	-	BLANK
173	Q4a,b	MAIN RACIAL BACKGROUND 1 ... Alaskan Native or American Indian 2 ... Asian or Pacific Islander 3 ... Black 4 ... White 5 ... Another group not listed 6 ... Multiple entry - unknown which is main racial background 7 ... Unknown
174	C-2	LAST SEEN BY DOCTOR 0 ... During Interview Week 1 ... Past 2 weeks 2 ... 2 weeks - 6 months 3 ... Over 6-12 months 4 ... 1 year 5 ... 2-4 years 6 ... 5+ years 7 ... Doctor seen - DK when 8 ... DK (Doctor Not Seen) 9 ... DK if Doctor Seen
175	C-10	ABLE TO READ NEWSPAPER - LEFT EYE 1 ... Yes 2 ... No 3 ... DK 4 ... Under 6 years of age or no eye condition

Tape Locations	Item No.	Items and Codes
176	C-10	ABLE TO READ NEWSPAPER - RIGHT EYE 1 ... Yes 2 ... No 3 ... DK 4 ... Under 6 years of age or no eye condition
177	Recode	CONDITION LIST ASSIGNED AND ASKED 1 ... Condition List 1 - Digestive 2 ... Condition List 2 - Bone and Muscle 3 ... Condition List 3 - Miscellaneous[1] 4 ... Condition List 4 - Impairments 5 ... Condition List 5 - Circulatory 6 ... Condition List 6 - Respiratory 7 ... Unknown
178-181	-	BLANK
182-183	P-2	FAMILY STRUCTURE 01 ... Both parents, no other adults 02 ... Mother only 03 ... Father only 04 ... Both parents and other adult relative 05 ... Mother and other adult relative 06 ... Father and other adult relative 07 ... No parent, but one adult relative 08 ... No parent, but two or more adult relatives 09 ... Other 10 ... Not applicable 25+ years and/or ever married
184	P-33	HEALTH STATUS 1 ... Excellent 2 ... Good 3 ... Fair 4 ... Poor 5 ... Unknown

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[1] Includes chronic conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems and of other selected chronic conditions.

<table>
<tr><th>Tape Locations</th><th>Item No.</th><th>Items and Codes</th></tr>
<tr><td>185-187</td><td>C</td><td>QUESTION NUMBER - THIS CONDITION (Last 3 Sources) (not edited)
<table>
<tr><th>Source 4
(Loc. 185)</th><th></th><th>Source 5
(Loc. 186)</th><th>Source 6
(Loc. 187)</th></tr>
<tr><td>0 ...</td><td>Q10</td><td>Q10</td><td>Q10</td></tr>
<tr><td>1 ...</td><td>Q11</td><td>Q11</td><td>Q11</td></tr>
<tr><td>2 ...</td><td>Q17</td><td>Q17</td><td>Q17</td></tr>
<tr><td>3 ...</td><td>Q28</td><td>Q28</td><td>Q28</td></tr>
<tr><td>4 ...</td><td>Q32</td><td>Q32</td><td>Q32</td></tr>
<tr><td>7 ...</td><td>D.V. page</td><td>D.V. page</td><td>D.V. page</td></tr>
<tr><td>8 ...</td><td>Condition</td><td>Condition</td><td>Condition</td></tr>
<tr><td>9 ...</td><td>Hospital</td><td>Hospital</td><td>Hospital</td></tr>
<tr><td>- ...</td><td>Other</td><td>Other</td><td>Other</td></tr>
<tr><td>Blank ...</td><td>Not reported</td><td>Not reported</td><td>Not reported</td></tr>
</table></td></tr>
<tr><td>188-192</td><td>-</td><td>FINAL BASIC WEIGHT (XXXXX.)</td></tr>
<tr><td>193-198</td><td>-</td><td>6.5 WEIGHT (FINAL BASIC WEIGHT x 6.5) (XXXXXX)</td></tr>
<tr><td>199-200</td><td>Person
Q5a.b</td><td>MAIN SPANISH ORIGIN
01 ... Puerto Rican
02 ... Cuban
03 ... Mexican
04 ... Mexicano
05 ... American Indian
06 ... Chicano
07 ... Other Latin American
08 ... Other Spanish
09 ... Spanish - DK type
10 ... No - Not Spanish origin
11 ... Unknown</td></tr>
</table>

"M O R E"

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Character Tape Locations	Previous Binary Tape Location	Items and Codes
		FOR PREVALENCE ESTIMATE
201-209	201-204	Basic Weight using one quarter's data (B.W.)
210-218	205-208	Basic Weight using two quarter's data (B.W./2)
219-227	209-212	Basic Weight using four quarter's data (B.W./4)
228-236	213-216	Basic Weight using eight quarter's data (B.W./8)
		6.5 WEIGHT (Base weight x 6.5)
237-245	217-220	Quarter, Semiannual and Annual
246-254	221-224	Biannual (wt/2)
		WEIGHTED NUMBER OF RESTRICTED ACTIVITY DAYS FOR A GIVEN PERIOD (based on 2-week recall period)
255-263	225-228	Quarter, Semiannual, Annual
264-272	229-232	Biannual
		WEIGHTED NUMBER OF BED DAYS FOR A GIVEN PERIOD (based on 2-week recall period)
273-281	233-236	Quarter, Semiannual, Annual
282-290	237-240	Biannual
		WEIGHTED NUMBER OF WORK/SCHOOL LOSS DAYS FOR A GIVEN PERIOD (based on 2-week recall period)
291-299	241-244	Quarter, Semiannual, Annual
300-308	245-248	Biannual
		WEIGHTED NUMBER OF DOCTOR VISITS FOR A GIVEN PERIOD (based on 12 months recall period)
309-317	249-252	Quarter
318-326	253-256	Semiannual
327-335	257-260	Annual
336-344	261-264	Biannual
		WEIGHTED NUMBER OF BED DAYS FOR A GIVEN PERIOD (based on a 12 months recall period)
345-353	265-268	Quarter
354-362	269-272	Semiannual
363-371	273-276	Annual
372-380	277-280	Biannual

Character Tape Locations	Item No.	Items and Codes
381-410		BLANK
411-420		CHRONIC CONDITION PREVALENCE AND INCIDENCE FACTOR (XX.XXXXXXXX) For prevalence or incidence estimates of chronic conditions, tabulate only on the list assigned and asked which includes the chronic condition, and multiply the appropriate weight by the factor in this field. This will weight the one-sixth subsample to full-sample totals.
421-466	-	BLANK

"END"

HIS - 1979 COMPUTER PROCESSING

Description of Class of Accident Code

The three-digit Class of Accident Code described in detail below classifies accidents as follows:

Total Motor Vehicle Accidents = Codes 1 and 2 in first digit of recode
Moving Motor Vehicle Accidents = Code 1 in first digit of recode
Nonmoving Motor Vehicle Accidents = Code 2 in first digit of recode
Total Work Accidents = Code 1 in second digit of recode
Total Home Accidents = Code 1 in third digit of recode

Class of Accident Recode Loc. 169-171	Description
111	Moving motor vehicle - at work - at home
112	Moving motor vehicle - at work - not at home - street or highway
113	Moving motor vehicle - at work - not at home - not on street or highway
121	Moving motor vehicle - not at work - at home - not on street or highway
122	Moving motor vehicle - not at work - not at home - on street or highway
123	Moving motor vehicle - not at work - not at home - not on street or highway
211	Nonmoving motor vehicle - at work - at home
212	Nonmoving motor vehicle - at work - not at home
221	Nonmoving motor vehicle - not at work - at home

Attachment to Final Condition Record--Cont'd.

Class of Accident Recode Loc. 169-171	Description
222	Nonmoving motor vehicle - not at work - not at home
311	Nonmotor vehicle - at work - at home
312	Nonmotor vehicle - at work - not at home
321	Nonmotor vehicle - not at work - at home
322	Nonmotor vehicle - not at work - not at home
400	Injured in Armed Forces
500	Therapeutic misadventure
600	Injury Condition - No Table A

DIAGNOSTIC RECODES

October, 1980

National Health Interview Survey

Diagnostic Recode #1*
Diseases, Injuries, and Impairments

I. Purpose: Recode #1 is a list of 278 categories of diseases and injuries selected from the complete list of 3 and 4-digit categories of the International Classification of Diseases, (ICD), 9th Revision, as modified for survey purposes. In addition, a complete list of types and sites of impairments completes the recode. The recode has been used as a device to simplify tabulating of diagnostic information. In general this recode contains the greatest amount of detail tabulated; very rarely are the 4-digit ICD rubrics used for final tabulation purposes.

II. Content: Each line of the recode contains the following elements: recode number, title summarizing the contents, and the equivalent rubric numbers from the ICD. The full detail of all modifications of the ICD is shown in the Medical Coding Manual. A summary listing of modifications which directly affect the use of the recode is shown as follows:

a. The letter "A" following a rubric means that this is a special number devised for survey purposes which is not to be found in the ICD.

b. Certain ICD rubrics are not used in the survey medical coding and, therefore are not shown in Recode #1. Impairments and their causes, as reported by the household members, are coded directly to the X-codes according to a system that differs considerably from the ICD method. A complete description of the Classification of Impairments (X-code) is given in the Medical Coding Manual.

c. The abbreviations "NOS" and "NEC", represent, respectively, "not otherwise specified", and "not elsewhere classified."

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* For use in processing the 1979 NHIS condition diagnosis.

National Health Interview Survey
Diagnostic Recode #1

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Infective and Parasitic Diseases Recodes - (001-041)	
001	Tuberculosis (pulmonary) (respiratory NOS) active	011.0-3, 5-9, 647.3
002	Other specified respiratory tuberculosis (active)	010, 011.4, 012
003	Tuberculosis, other specified sites (active)	013-018
004	Tuberculosis (pulmonary) arrested or inactive	019-A
005	Syphilis and its sequelae (rampaging herpes, etc.)	090-097, 647.0
006	Other venereal diseases	098, 099.0-2, 8, 9 647.1, 2
007	Typhoid and paratyphoid fever	002
008	Dysentery and diarrheal disease, NEC	004, 006, 007, 009, 777.5
009	Food poisoning (infection)	005
010	Other intestinal infectious diseases, including virus enteritis	001, 003, 008
011	Scarlet fever	034.1
012	Streptococcal sore throat	034.0
013	Septicemia	038, 771.8, 790.7
014	Diptheria	032
015	Whooping cough	033
016	Meningococcal infection	036
017	Tetanus	037, 771.3
018	Other bacterial diseases, NEC	020-027, 030, 031, 035, 040, 041
019	Vincent's angina	101

12b

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
020	Other spirochetal diseases except syphilis	100, 102-104,
021	Acute poliomyelitis	045
022	Viral encephalitis	046.2, 049.8, 062-064
023	Smallpox	050
024	Measles	055
025	Rubella (german measles)	056, 647.5, 771.0
026	Chickenpox	052
027	Herpes zoster (shingles)	053
028	Mumps	072
029	Infectious hepatitis	070
030	Infectious mononucleosis	075
031	Trachoma (active) (chronic)	076
032	Viral infection, unspecified	046.8, 9, 079.0-2, 9, 790.8
033	Other viral diseases, NEC	047, 048, 049.0, 1, 051, 054, 057, 060, 061, 065, 066, 071, 073, 074, 077, 078.0, 1, 3-8, 079.8, 647.6, 771.1
034	Typhus and other rickettsioses	080-083
035	Malaria	084, 647.4
036	Trichiniasis	124
037	Ancylostomiasis	126
038	Other helminthiases	120-123, 125, 127-129
039	Dermatophytosis and dermatomycosis	110, 111
040	Other mycoses	039, 112, 114-118, 771.7
041	Other infective and parasitic diseases	078.2, 085-088, 099.3, 130-136, 647.8, 9, 771.2

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Neoplasms - Recodes - (042-080)	
042	Malignant neoplasm of buccal cavity and pharynx	140-149
043	Malignant neoplasm of stomach	151
044	Malignant neoplasm of intestines, any part	152-154, 159.0
045	Malignant neoplasm of other digestive organs, and peritoneum	150, 155.0, 1, 156-158, 159.8, 9
046	Malignant neoplasm of trachea, bronchus, and lung	162
047	Malignant neoplasm of other respiratory organs	160, 161, 163, 164.2, 3, 8, 9, 165
048	Malignant neoplasm of female breast	174
049	Malignant neoplasm of uterus, any part	179-182
050	Malignant neoplasm of other female genital organs	183, 184
051	Malignant neoplasm of prostate	185
052	Malignant neoplasm of other male genital organs	186, 187
053	Malignant neoplasm of urinary organs	188, 189
054	Malignant neoplasm of skin	172, 173
055	Malignant neoplasm of other specified sites	164.0, 1, 170, 171, 175, 190-194,
056	Malignant neoplasm, site unspecified, ill-defined, or secondary	155.2, 195-199
057	Hodgkin's disease	201
058	Leukemia and aleukemia	202.4, 203.1, 204, 205.0-2, 8, 9, 206, 207.0, 2, 8, 208

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
059	Other neoplasms, lymphatic and hematopoietic tissue	159.1, 200, 202.0-3, 6, 8, 9, 203.0, 8, 205.3, 207.1, 289.6
060	Benign neoplasm of digestive system	210, 211.0-6, 8, 9, 569.0
061	Benign neoplasm of respiratory system	212.0-5, 8, 9
062	Benign neoplasm of female breast	217, female only
063	Benign neoplasm of uterus	218, 219, 621.0, 622.7
064	Benign neoplasm of other female genital organs	220, 221, 616.2, 620.2, 623.7, 624.6
065	Benign neoplasm of male genital organs	222
066	Benign neoplasm of urinary organs	223
068	Benign neoplasm of skin	216
069	Hemangioma and lymphangioma	228
070	Benign neoplasm of other specified organs	212.6, 7, 213-215, 224, 225, 227
071	Benign neoplasm, other and unspecified organs and tissue	229
072	Neoplasm, unspecified nature, of digestive organs	239.0
073	Neoplasm, unspecified nature, of respiratory organs	239.1
074	Neoplasm, unspecified nature, of female breast	239.3, female only
077	Neoplasm, unspecified nature, of genitourinary organs	239.4, 5
078	Neoplasm, unspecified nature, of eye, brain, and other parts of nervous sytem	239.6
079	Neoplasm, unspecified nature, of skin and musculoskeletal system	239.2
080	Neoplasm, unspecified nature, of other and unspecified organs	239.7-9

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Endocrine, Nutritional, Metabolic and Blood Disorders - Recodes - (087-101)	
087	Goiter (all forms)	226, 240, 241, 242.0-3
088	Thyroid trouble, NOS	246.9, 794.5
089	Other specified diseases of thyroid gland	242.4, 8, 9, 243-245, 246.0-3, 8, 648.1, 775.3
090	Diabetes (mellitus)	250, 648.0, 775.1
091	Diseases of other endocrine glands	211.7, 251-259, 306.6, 775.4
092	Niacin deficiency	265.2
093	Other vitamin deficiency states	264, 265.0, 1, 266, 267, 268.0, 2, 9, 269.0-2
094	Other nutritional deficiency, NEC	260-263, 269.3, 8, 9, 579.0-2, 8, 9, 648.9, 779.3, 783.2, 3
095	Gout	274
096	Other metabolic diseases, NEC	202.5, 270-272, 273.1-3, 8, 9 275, 277.0-5, 8, 9, 278, 279, 359.3, 588.1, 775.6, 8, 9, 783.6, 791.3
097	Pernicious and other deficiency anemias	281
098	Iron deficiency anemias	280, 285.1, 776.6
099	Other specified anemias	282-284, 285.0, 8
100	Anemia, unspecified	285.9, 648.2
101	Other diseases of blood and blood-forming organs	273.0, 286-288, 289.0-5, 7, 8, 776.1, 4, 7, 8, 782.7, 790.0

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Mental and Nervous System Disorders Recodes - (102-116)	
102	Psychoses	290-299, 331.0, 1
103	Neuroses	300.0-3, 5-9
104	Alcholism, except psychotic	303, 305.0, 357.5, 425.5, 535.3, 790.3
105	Personality and other nonpsychotic mental disorders, NEC	301, 302, 304, 305.2-9, 306.1-5, 310.0, 1, 8, 9, 312-314, 648.3, 4, 316-A
106	Nervousness, depression, NOS, and special symptoms, NEC	300.4, 307-309, 311 315.3-5, 8, 9, 625.6, 780.5, 784.3, 5, 6, 787.6, 788.3, 799.2
107	Paraplegia, NEC, under 3 months	344.1
108	Multiple sclerosis	340
109	Paralysis agitans, except postencephalitic, viral	332
110	Epilepsy, all types, chronic convulsions, cause unknown	345
111	Migraine	346
112	Other diseases of central nervous system	046.0, 1, 3, 320-322, 323.8, 9, 324, 325, 330, 331.8, 9, 333-336, 341, 347, 348.0-4, 8, 9 349.2, 8, 9, 356.1-3, 358.8, 9, 359.0-2, 779.1, 792.0, 793.0, 794.0
113	Sciatica	355.0, 724.3
114	Neuralgia and neuritis, NOS, NEC	354.4, 5, 8, 355.7, 9 356.0, 729.2
115	Neuralgia, neurtis, specified sites and types, NEC	350.1, 2, 351, 352.1, 355.1, 2, 8, 357.0
116	Other specified diseases of nerves, NEC	337, 350.8, 9, 352.0, 2-6, 9, 353.0-4, 8, 9, 354.0-3, 9, 355.3-6, 356.4, 8, 9, 357.8, 9, 794.1

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Diseases of Eye and Ear Recodes - (117-125)	
117	Conjunctivitis and ophthalmia	370.3, 372.0-3, 771.6
118	Stye	373.1
119	Other inflammatory diseases of eye	360.0, 1, 363.0-2, 364.0-3, 370.0, 2, 4, 5, 8, 9 373.0, 8, 9, 375.0, 3, 4, 376.0, 1, 377.3, 379.0
120	Refractive errors	367
121	Cataract, all forms	366
122	Glaucoma, all forms	360.4, 365
123	Other diseases of eye (acquired) (congenital)	360.2, 3, 8, 9, 361, 362, 363.3-9, 364.4-9, 368, 370.6, 371, 372.4-9, 373.2, 374, 375.1, 2, 5, 6, 8, 9, 376.3-5, 8, 9, 377.0-2, 4-7, 9, 378, 379.1-5, 8, 9
124	Inflammatory diseases of ear	380.1, 2, 381.0-5 382, 383.0-2, 9, 384.0, 1, 386.3, 5, 388.6, 7
125	Other diseases of ear and mastoid	380.0, 3-5, 8, 9, 381.6-9, 383.8, 384.2, 8, 9, 385, 386.0-2, 4, 8, 9, 387, 388.0, 1, 3-5, 8, 9

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Diseases of Circulatory System Recodes - (126-143)	
126	Rheumatic fever, inactive (old) (history)	399-A
127	Rheumatic fever, active	390, 392
128	Chronic rheumatic heart diseases	393-398, 423.1, 424.1
129	Ischemic heart disease (with hypertension, any type) (with arteriosclerosis)	413, 414, 429.2, 794.3
130	Heart trouble, NOS, or ill-defined	428.9, 429.3, 8, 9, 785.3
131	Other forms of heart disease, NEC	415.0, 416, 417.8, 9, 420-422, 423.0, 2, 8, 9, 424.0, 2, 3, 8, 9, 425.0-2, 4, 9, 426, 427, 428.0, 1, 429.0, 1, 5, 785.0-2
132	Hypertensive heart disease, NEC (non-malignant)	402.1, 9, 404.1, 9
133	Hypertensive disease, NEC	401, 402.0, 403, 404.0, 405, 796.2
134	Cerebrovascular disease (with non-malignant hypertension) (with arteriosclerosis)	348.5, 430-435, 437.0-2, 4-6, 8, 9
135	Arteriosclerosis, NEC	440
136	Other diseases of arteries	417.0,1, 437.3, 441-444 446, 447, 557, 785.4, 991.5
137	Varicose veins, NEC	454, 456
138	Hemorrhoids	455
139	Phlebitis and thrombophlebitis, NEC	451
140	Low blood pressure (hypotension)	458
141	Poor circulation, NOS	459.9

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
142	Noninfective disease of lymphatic channels	457.1, 2, 8, 9
143	Other diseases of circulatory system, NEC	415.1, 448, 452, 453, 459.0-2,8, 648.6, 784.8, 785.9, 796.3
	Diseases of Respiratory System Recodes - (144-159)	
144	Common Cold	079.3, 460
145	Other acute upper respiratory infections	461-463, 464.0-2,4, 465
146	Acute bronchitis	466
147	Influenza with digestive mainfestations	487.8
148	Other forms of influenza	487.0,1
149	Viral pneumonia	480
150	Other forms of pneumonia	481-483, 485, 486, 507, 770.0
151	Chronic bronchitis (nonallergic)	490, 491
152	Emphysema	492, 518.1,2
153	Asthma (with or without hay fever) (allergic)	493
154	Hypertrophy of tonsils and adenoids, chronic	474
155	Chronic pharyngitis, nasopharyngitis, and laryngitis, NEC	472, 476
156	Chronic sinusitis, NEC	473
157	Hay fever, and upper respiratory allergy, without asthma	477, 478.8
158	Other diseases of upper respiratory tract, nonallergic	464.3, 470, 471, 475, 478.0-7,9
159	Other diseases of respiratory system NEC	494-496, 500-506, 510-516 518.0,3,4,8, 519.1-4, 8, 9, 786.9, 793.1, 794.2

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Diseases of Digestive System Recodes - (160-180)	
160	Toothache	525.9
161	Other diseases of teeth and supporting structures, NEC	520.3,4,7-9, 521-523, 525.0-3,8
162	Diseases of jaw, salivary glands, tongue, and other oral conditions	526-529
163	Ulcer of stomach and duodenum	531-534
164	Gastritis and duodenitis, nonviral	535.0-2, 4-6
165	Functional and symptomatic upper g.i. conditions, NEC	536, 783.0, 787.0,1
166	Stomach trouble, NOS	537.9
167	Appendicitis, all forms	540-543
168	Hernia of abdominal cavity	550-553, 750.6
169	Gastroenteritis and colitis, except ulcerative, of noninfectious origin	558
170	Chronic enteritis and ulcerative colitis	555, 556
171	Diverticula of intestine	562
172	Constipation	564.0
173	Other functional disorders of intestines	564.1,5,6,8,9, 787.3, 5
174	Intestinal or bowel trouble, NOS	569.9
175	Hepatitis, NOS	573.3
176	Liver trouble, NOS	573.9
177	Other specified diseases of liver, NEC	570-572, 573.0,4,8, 794.8
178	Specified diseases of gallbladder and biliary ducts	574, 575.0-6,8, 576.1-5, 8, 9 793.3
179	Gallbladder trouble, NOS	575.9
180	Other diseases of the digestive system, NEC	530, 537.0-6,8, 560, 564.7, 565-568, 569.1-5, 8, 577, 578.9, 579.4, 777.4, 787.2, 7, 9, 789.9

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Genito-urinary Disorders, Pregnancy and Childbirth - Recodes - (181-205)	
181	Nephritis (acute) (chronic), NEC	580-583, 584.6-9, 585, 587
182	Calculus of kidney and ureter	592.0, 1
183	Calculus of other parts of urinary system	592.9, 594
184	Kidney trouble or disease, NOS	593.9
185	Other diseases of kidney and ureter, NEC	584.5, 588.0, 8, 9, 589-591, 593.0-8, 794.4
186	Diseases of the urinary system, NEC	099.4, 595-598, 599.0-6, 8, 9 619.0, 788.6-8, 793.5
187	Diseases of prostate	600-602
188	Other diseases of male genital organs	603-606, 607.0-2, 8, 9, 608, 609, 792.2
189	Diseases of male breast	610, 611, 771.5, 793.8 (male only)
190	Diseases of female breast	610, 611, 771.5, 793.8 (female only)
191	Diseases of ovary, fallopian tube, parametrium, and pelvic peritoneum female	614, 619.1, 2, 8, 9, 620.0, 1, 3-9, 625.5, 628.0,2
192	Diseases of uterus, NEC	615, 616.0, 1, 3, 4, 8, 9, 617, 618.0-6, 8, 9, 621.1-9, 622.0-6, 8, 9 627.3, 8
193	Disorders of menstruation	625.2-4, 8, 626.0-6, 8, 9, 627.1
194	Menopausal symptoms, except psychosis	627.0, 2, 4, 9
195	Other diseases of female genital organs, NEC	616.5, 618.7, 623.0-6, 8, 9 624.0-5, 8, 9, 626.7, 628.3, 4, 8, 9, 629.0, 1, 8
196	Female trouble, NOS	629.9
197	Minor complaints of pregnancy	646.8

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
198	Other complications of pregnancy, NEC	630, 632, 633, 638, 640, 641, 644.0, 645, 646.0, 1, 3, 5, 9, 655.1-6, 8, 9, 656.1, 2, 4, 671.3
199	Urinary infections and toxemias of pregnancy and the puerperium, NEC	642, 643, 646.2, 4, 6, 7, 669.3
200	Abortion	631, 634-637, 639
201	Delivery, normal or unspecified	644.1, 650
202	Delivery by cesarean section, complication not specified	669.7
203	Delivery with specified complications	662.1, 666.1, 669.5, 6
204	Other conditions of pregnancy, delivery and the puerperium, NEC	651-654, 655.0, 656.0, 3, 5-9, 657-661, 662.0, 2, 3, 663-665, 666.0, 2, 3, 667, 668, 669.0-2, 4, 8, 9, 671.0-2, 5, 8, 9, 673, 674.0
205	Other complications of the puerperium, NEC	670, 671.4, 672, 674.4, 8, 9, 675, 676
	Diseases of Skin and Subcutaneous Tissue Recodes - (206-211)	
206	Boil and carbuncle, NEC	680
207	Cellulitis (with lymphangitis), NEC	681, 682
208	Pilonidal cyst	685
209	Eczema and dermatitis due to plants (allergic)	692.6
210	Other dermatitis, eczema, and urticaria (allergic)	277.6, 373.3, 690, 691, 692.0-5, 7-9, 693.1, 693.2-A, 694.0-3, 708, 995.1, 3
211	Other diseases of skin and subcutaneous tissue, NEC	683, 684, 686, 694.4-6, 8, 9, 695-698, 700-707, 709, 723.6, 729.3, 771.4, 782.8

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Diseases of Musculoskeletal System and Connective Tissue - Recodes - (212-219)	
212	Arthritis, NEC	711, 712, 714, 715.0,1, 3, 8, 9, 716, 719.3, 720.0, 8, 9, 721.0, 2,3, 5-7,9
213	Rheumatism, nonarticular and unspecified	710.3, 4, 715.2, 725, 726.0, 2, 729.0, 1
214	Displacement of intervertebral disc	722.0-7
215	Acute back, spine, and neck pain, NEC	720.2, 8, 722.8, 723.1-3,5, 724.1, 2, 5,
216	Other diseases of bone and joint, NEC	648.7, 717, 718.0-4, 8, 9, 719.0, 1, 6, 8, 9, 721.1, 4, 8, 722.9, 723.0,4, 7-9, 724.0, 4, 6-9, 730-732, 733.0-7, 9, 793.7
217	Bunion	727.1
218	Synovitis, bursitis, and tenosynovitis	719.2, 720.1, 726.1, 3-9, 727.0, 2-5
219	Other diseases of musculoskeletal system, NEC	358.0, 359.8, 9, 376.6, 710.0-2, 8, 9, 727.6, 8, 9, 728.0, 1, 3, 5, 7-9, 729.4, 6, 9, 739, 775.2
	Certain Congenital Anomalies and Causes of Perinatal Morbidity - Recodes- (220-222)	
220	Certain congenital anomalies, not classified as impairments	425.3, 648.5, 742.2, 4, 5, 8, 9, 744.4, 745748, 750.2-5, 7-9, 751, 752, 753.1-9, 754.0, 1, 756.4-9, 757, 758.1-9, 759.0-6, 8, 778.6
221	Immaturity, unqualified	764.0, 765
222	Certain other causes of perinatal morbidity	760, 761.0-5, 7-9, 762, 763, 764.1, 2, 9, 766-769, 770.1-9, 772-774, 775.0, 5, 776.0, 2, 3, 5, 9, 777.1-3, 6, 8, 9, 778.0-5, 7-9, 779.2, 5, 8, 9

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Certain Symptoms and Ill-Defined Conditions - Recodes - (223-240)	
223	Debility and undue fatigue	780.7, 799.3
224	Headache, NEC	784.0
225	Senility without mention of psychosis	331.2, 797
226	Certain nervous system symptoms	353.6, 779.0, 780.0, 1, 3, 4, 781.0, 1, 3, 6, 782.0, 796.1
227	Heart pain, cyanosis, fainting, shock, edema, enlarged lymph gland or spleen	780.2, 782.3, 5, 6, 785.5, 6 789.2
228	Certain respiratory symptoms	784.4, 7, 786.0-5, 7
229	Hiccough and hematemesis	578.0, 786.8
230	Enlarged liver	789.1
231	Jaundice (not of newborn)	782.4
232	Certain other abdominal and lower g.i. symptoms	578.1, 787.4, 789.0, 3-5
233	Certain genitourinary symptoms; abnormal urinary constituents	599.7, 607.3, 625.0, 1, 9, 648.8, 788.0-2, 4, 5, 9, 790.2, 791.0-2, 4-7, 9
234	Acute symptoms referable to limbs and joints	718.5, 719.4, 5, 7, 729.5, 8, 781.2, 4
235	Other general symptoms (rash, fever, etc.), NEC	276, 775.7, 780.6, 8, 9, 781.7, 782.1, 9, 783.9, 784.1, 2, 9, 790.1, 4-6, 9, 792.1, 2, 4, 9, 793.2, 4, 6, 9, 794.6, 7, 9, 795.2-4, 7, 796.4, 9
236	Uremia (cause unknown)	586
237	Observation	795.0, 1, 5, 6, 799.5-A
238	Ill-defined NEC, and unknown types of illness	781.9, 783.4, 799.0, 1, 4, 8, 9
239	Gland trouble, NOS	289.9
240	Knots, lumps, bumps, cause and type unknown	782.2, 786.6

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
	Injuries - Recodes (241-278)[1]	
241	Fracture, skull (vault) (base)	800, 801, 803
242	Fracture of rib(s), sternum, and larynx	807
243	Fracture of arm	812, 813, 818
244	Fracture of wrist, hand, and/or fingers	814-817
245	Fracture of femur (hip) (upper leg)	820, 821
246	Fracture of lower leg not involving knee, ankle or foot	823, 827
247	Fracture of ankle	824
248	Fracture of foot and toes	825, 826
249	Fracture of other and multiple sites, NEC	733.8, 802, 804-806, 808-811, 819, 822, 828, 829
250	Fracture, 3 months+, no residual specified	905.0-5
251	Dislocation of wrist	833
252	Dislocation of ankle	837
253	Dislocation of other and multiple sites	830-832, 834-836, 838, 839
254	Sprains, strains of wrist and hand	842
255	Sprains, strains of ankle and foot	845
256	Sprains, strains of back	846, 847
257	Sprains, strains of other and multiple sites, NEC	840, 841, 843, 844, 848
258	Intracranial injury, without skull fracture	850-854
259	Intracranial injury, without skull fracture, 3 months+, no residual specified	310.2, 907.0

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[1] Recodes 272, 273, 276, 277 include both acute and chronic exposure. Recodes 250, 259, 269, 271, 278 refer only to injuries 3 months+, with no residual specified. All other recodes in the series 241-278 refer to acute injuries only (past 3 months)

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
260	Internal injury, any, of chest, abdomen and pelvis	860-869
261	Laceration and open wound of head, neck and trunk	870-879[2]
262	Laceration and open wound of upper limb	880-884
263	Laceration and open wound of lower limb	890-894
265	Superficial injury	910-919
266	Contusion	920-929
267	Foreign body entering through orifice	360.5, 6, 930-939
268	Burns	940-949
269	Burns, 3 months+, no residual specified	906.5-9
270	Injury to nerves and spinal cord	950-957
271	Injury to nerves and spinal cord, 3 months+, no residual specified	907.1-5, 9
272	Adverse effect of medicinal agents (acute) (chronic), NEC	357.6, 693.0, 779.4, 977.9[3] 979, 995.2,4
273	Toxic effect of substances chiefly nonmedicinal as to source (acute) (chronic)	305.1, 357.7, 358.2, 359.4, 693.8, 9, 796.0, 989.9[4]
274	Effects of radiation, reduced temperature, heat and other external causes	508, 783.5, 909, 990, 991.0-4, 6, 8, 9, 992-994
275	Injury, other and unspecified	900-904, 959, 995.5, 8
276	Complications of surgical procedures (acute) (chronic)	349.0,1, 383.3, 429.4, 457.0, 518.5, 519.0, 564.2-4, 569.6, 576.0, 579.3, 674.1-3, 996-998

[2] Anything classifiable to 871.3 is coded as for Blindness in the X-codes.

[3] Anything classifiable to 960-978 is coded to 977.9.

[4] Anything classifiable to 980-989, is coded to 989.9.

Recode #1 Number	Title	ICD Inclusions as modified by NHIS
277	Other complications of medical care (acute) (chronic)	323.5, 995.0, 999
278	Injuries, 3 months+, NEC, no residual specified	906.0-4, 908

IMPAIRMENTS: RECODE 1

X-CODE NUMBER	TITLE
	All impairments (X00-X99). For additional 1-digit codes expressing etiology of impairments, see Appendix I, Medical Coding Manual.
	BLINDNESS AND IMPAIRMENT OF VISION (X00-X04)
X00	Serious Visual Impairment
X01	Other Visual Impairment involving both eyes
X02	Blindness or Visual Impairment of any degree involving only one eye
X04	Impaired Vision except as in X00-X02
	DEAFNESS AND IMPAIRMENT OF HEARING (X05-X09)
X05	Deafness, both ears Includes persons who have no useful hearing in both ears, or can't hear, both ears.
X06	Other hearing impairment involving both ears Any bilateral hearing impairment which cannot be coded to X05.
X07	Deafness or hearing impairment of any degree involving only one ear.
X08	Deafness, NOS Unknown whether one or both ears are involved.
X09	Impaired hearing, NOS Unknown whether one or both ears are involved.
	IMPAIRMENT OF SPEECH, SPECIAL SENSE AND INTELLIGENCE (X10-X19)
X10	Stammering and Stuttering
X11	Other speech defects
X12	Loss or impairment of sensation Includes taste, smell and loss or disturbances of sensation (burning) and numbness of any body parts.
X14	Special learning disability (reading) (mathematics) ("mirror writing or reading").
X19	Mental retardation: Any degree or any type, including "monogolism." ("Down's (Downes) Syndrome")

X-CODE NUMBER	TITLE
	ABSENCE, LOSS, EXTREMITIES, AND CERTAIN OTHER SITES (X20-X35)
X20	Arms, both
X21	Hands, both
X22	One or more fingers (excludes tip only-below first joint) (thumb(s)) of both hands
X23	Arm, one
X24	Hand, one
X25	One or more fingers, (excludes tip only-below first joint), thumb, of only one hand.
X26	Legs both
X27	Feet or toes (excludes tip only-below first joint) only both
X28	Leg, one
X29	Foot or toes (excludes tip only-below first joint) only, one
X30	Absence, Lung
X31	Absence, Kidney
X32	Absence, Breast
X33	Absence of rib, bone, joint, or muscle of trunk, one or more
X34	Absence of bone, joint, or muscle of extremity without loss of extremity, one or more
X35	Tips of fingers or toes (below first joint) only

X-CODE NUMBER	TITLE
	PARALYSIS, COMPLETE OR PARTIAL, ALL SITES EXCEPT AS IN X00-X19 (X40-X64)
	Paralysis NOS (COMPLETE) of Extremities
X40	Entire body or four limbs
X41	One side of body only, including limbs; or "hemiplegia."
X42	Arms, both
X43	Arm, one
X44	Hands, both, and/or finger(s) (thumb) on one or both hands only.
X45	Hand, one, and/or finger(s) (thumb) on one hand, only.
X46	Legs, both; or "paraplegia."
X47	Leg, one
X48	Feet, both, and/or toe(s) on one or both feet, only.
X49	Foot, one, and/or toe(s) on one foot, only.

X-CODE NUMBER	TITLE
	CEREBRAL PALSY AND PARALYSIS PARTIAL OF EXTREMITIES
X50	Cerebral palsy
X51	Partial paralysis, one side of body only, including limbs; or "hemiparesis."
X52	Partial paralysis, arm, both
X53	Partial paralysis, arm, one
X54	Partial paralysis, hands, both, and/or finger(s) (thumb) on one or both hands only.
X55	Partial paralysis, hand, one, and/or finger(s) (thumb) on one hand only.
X56	Partial paralysis, legs, both; or "paraparesis."
X57	Partial paralysis, leg, one
X58	Partial paralysis, feet, both, and/or toe(s) on one or both feet, only.
X59	Partial paralysis, foot, one, and/or toe(s) on one foot, only.
	PARALYSIS, COMPLETE OR PARTIAL, SITES EXCEPT EXTREMITIES
X60	Trunk, any part except parts included in X40, X41, X51
X61	Face (Bell's palsy or paralysis)
X62	Bladder or anal sphincter
X63	Paralysis, complete or partial, sites NOT of extremities, trunk, nor affecting special senses or speech
X64	Paralysis, complete or partial, NEC

X-CODE NUMBER	TITLE
	SPECIFIED DEFORMITY OF LIMBS, TRUNK, BACK (X70-X79)
X70	Curvature and other structural deformities of spine or back, except as in X71.9
X71.9	Spina bifida (with meningocele) (always congenital)
X73	Deformity of shoulder or upper extremity, NEC
X74	Deformity of hand(s), finger(s), thumb(s), only
X75	Dislocation, congenital, and other deformity hip and/or pelvis
X76	Deformity of any site on lower extremity, one or both, NEC
X77	Flatfoot (including weak, fallen or other difficulty with arches)
X78	Clubfoot
X79	Deformity, neck, trunk bones, NEC
	NON-PARALYTIC ORTHOPEDIC IMPAIRMENT (CHRONIC), NEC (80-X89)
X80	Back, any part (includes neck)
X84	Shoulder(s) and/or upper extremity(ies)
X85	Hip and/or pelvis
X86	Lower extremity
X89	Other and ill-defined sites

X-CODE NUMBER	TITLE
	DEFECT, ABNORMALITY, SPECIAL IMPAIRMENT, NEC (X90-X99)
X90	Disfigurement, scarring, face, nose, lips, ears
X91.9	Cleft palate and harelip (with speech defect)
X92	Other dentofacial handicap
X93	Deformity of skull (hydorcephaly) (microcephaly)
X94	Artificial orifice (opening) or valve (surgical) any site (colostomy)
X99	Special impairment, ill-defined

National Health Interview Survey

October 1980

Diagnostic Recode #2*
Acute Conditions

I. Purpose: Recode #2 consists of 33 4-digit categories of frequently reported acute conditions. These acute condition categories have been selected from the more extensive diagnostic listing in Diagnostic Recode #1 following the definition of acute condition shown below.

II. Arrangement of the Recode: The first two digits of the recode are to be used for subtotals for use in the annual Acute Conditions report. The first digit will be used to separate the data into the five major condition groups, and the second digit into subcategories of these five. The third and fourth digits are the basic units of the recode.

III. Definition of Acute Condition: For the purposes of the National Health Interview Survey an acute condition is any disease or injury with onset in the 3-month reference period prior to the week of interview, exclusive of certain conditions always classified as chronic regardless of date of onset. The incidence of acute conditions is limited to acute conditions with onset in the 2-week reference period prior to the interview week. Acute conditions also include current deliveries, normal or complicated, and current complications of pregnancy and the puerperium. Acute conditions must have had either activity restriction or medical attention in order to be included in the survey statistics.

Acute conditions, as defined, are given a supplementary 1-digit code number identifying them as acute, and are sorted for tabulation under Recode #2 categories on this basis. Also, the incidence of acute conditions is tabulated under Recodes #1 and #2 only for those conditions with onset in the 2-week period prior to interview.

IV. Content: Each line of the recode contains the following elements: Recode #2 number, title summarizing the contents of the category, Recode #1 inclusions, and rubric numbers from the International Classification of Diseases (ICD), 9th Revision.

A summary listing of modifications which affect the use of the recode is shown as follows:

(a) The letter "A" following an ICD rubric means that this is a special number devised for survey purposes which is not to be found in the ICD.

(b) Abbreviations "NOS," and "NEC," represent respectively, "not otherwise specified," and "not elsewhere classified."

*For use in processing the 1979 NHIS condition diagnosis.

National Health Interview Survey

October 1980

Diagnostic Recode #2
Acute Conditions

Recode #2 Number	Title	Recode #1 Inclusions	ICD Inclusions as modified by NHIS
1001	Measles	024	055
1002	Rubella	025	056, 647.5, 771.0
1003	Whooping cough, chickenpox, mumps	015, 026, 028	033, 052, 072
1004	Viral infection, unspecified	032	046.8,9, 079.0-2,9, 790.8
1005	Dysentery and diarrheal disease, NEC	008	004, 006, 007, 009, 777.5
1006	Other acute infective and parasitic diseases	006, 007, 009-014, 016-023, 027, 029-031, 033-041	001-003, 005, 008, 020-027, 030-032, 034.0,1, 035-041, 045, 046.2, 047. 048, 049.0,1,8, 050, 05 053, 054, 057, 060-066, 070, 071, 073-078, 079.8, 080-088, 098, 099.0-3,8,9, 100-104, 110-112, 114-118, 120-136, 647.1,2,4,6,8,9, 771,1-3,7,8, 790.7
2107	Common cold	144	079.3, 460
2108	Other acute upper respiratory conditions	145, 158	461-465, 470, 471, 475, 478.0-7,9
2209	Influenza with digestive manifestations	147	487.8
2210	Other forms of influenza	148	487.0,1
2311	Pneumonia, NEC	149, 150	480-483, 485, 486, 507, 770.0
2312	Acute bronchitis	146	466
2313	Other acute respiratory conditions	159, 228	495, 496, 500-506, 510-516, 518.0,3,4,8, 519.1-4, 8,9, 784.4,7, 786.0-5,7,9, 793.1, 794.2
3414	Acute dental conditions	160, 161	520.3.4,7-9, 521-523, 52

Recode #2 Number	Title	Recode #1 Inclusions	ICD Inclusions as modified by NHIS
3415	Functional and symptomatic upper gastrointestinal conditions, NEC	165	536, 783.0, 787.0,1
3416	Other acute digestive system disorders	162, 164, 166, 167, 169, 172-180, 229-232	526-530, 537, 540-543, 560, 564.01,5-9, 565-568, 569.1-5,8,9, 570-575, 576.1-5,8,9, 577, 578, 579.4, 777.4, 782.4, 786.8, 787.2-5,7,9, 789.0,1,3-5,9, 793.3, 794.8
4517	Fractures and dislocations, acute	241-249, 251-253	733.8, 800-839
4518	Sprains and strains, acute	254-257	840-848
4619	Open wounds and lacerations, acute	261-263	870-884,[1] 890-894
4720	Contusions and superficial injuries, acute	265,266	910-929
4821	Complications of medical and surgical procedures, acute	276, 277	323.5, 349.0,1, 383.3, 457.0, 518.5, 519.0, 564.2-4, 569.6, 576.0, 579.3, 674.1-3, 995.0, 996-999
4822	Other injuries, acute	258, 260, 267, 268, 270, 272-275	357.6,7, 358.2, 359.4, 360.5,6, 508, 693.0,8,9, 779.4, 783.5, 796.0, 850-854, 860-869, 900-904, 909, 930-957, 959, 977.9,[2] 979, 989.9,[3] 990, 991.0-4,6,8,9, 992-994, 995.2,4,5,8
5923	Acute diseases of eye	117-119, 123	360.0,3,8,9, 363.0-3,6,9, 364.0-6,8,9, 368.0,2-4,6,8,9, 370.0, 4-6,8,9, 371.0-2,4-9, 372.8.9, 373.0,2,8,9, 374, 375, 376.0,1,3-5,8,9, 377.0-4, 378.0-6,8,9, 379.0,1,3,4,8,9, 771.6
5924	Acute diseases of ear	124, 125	380-382,383.0-2,8,9, 384-387, 388.0,1,3-9
5925	Headache, under 3 months (excludes tension headache coded to 307.8 in Recode 5933)	224	784.0

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[1] Anything classifiable to 871.3 is coded as for Blindness in the X-code.

[2] Anything classifiable to 960-978 is coded to 977.9.

[3] Anything classifiable to 980-989 is coded to 989.9.

Recode #2 Number	Title	Recode #1 Inclusions	ICD Inclusions as Modified by NHIS
5926	Acute genitourinary disorders	181, 184-186, 188-196, 233	099.4, 580-583, 584.5-9 585, 587, 588.0,8,9, 589-591, 593.9, 595-599 603-609, 611.0-4,6-9, 614, 615, 616.0,1,3-5,8 617-619, 620.0,1,3-9, 621.1-9, 622.0-6,8,9, 623.0-6,8,9, 624.0-5,8,9 625.0-5,8,9, 626-629, 648.8, 771.5, 788.0-2,4- 790.2, 791.0-2,4-7,9, 792.2, 793.5,8
5927	Deliveries, normal or complicated	201-203	644.1, 650, 662.1, 666.1, 669.5-7
5928	Abortions, and complications of pregnancy and the puerperium	197-200, 204, 205	630-643, 644.0, 645, 646, 651-661, 662.0,2,3, 663-665, 666.0,2,3, 667, 668, 669.0-4,8,9, 670-673, 674.0,4,8,9, 675, 676
5929	Acute nonallergic diseases of the skin	206, 207, 209-211	277.6, 680-684, 686, 6[illegible], 692, 693.2A, 694-698, 700-705, 706.0,1,3,8,9, 707-709, 723.6, 729.3, 771.4, 782.8, 995.1,3
5931	Other acute musculoskeletal disorders	107, 214-219, 234	344.1, 358.0, 359.8,9, 376.6, 648.7, 710.0-2,8,9, 717, 718.0-5,8,9, 719.0-2, 4-9, 720.1,2,8, 722, 723.0-4,7-9, 724.0-2,4-9, 726.1,3-9, 727, 728.0,1, 3,5,7-9, 729.4-6,8,9, 730-732, 733.0,1,4-7,9, 739, 775.2, 781,2,4, 793.7
5932	Acute circulatory conditions	136, 139-143, 227	441-444, 446-448, 451-453, 457.1,2,8,9, 458, 459, 557, 648.6, 780.2, 782.3, 5,6, 784.8, 785.4-6,9, 789.2, 796.3, 991.5
5933	Other acute conditions	091-094, 096-101, 106, 111-116, 221-223, 226, 235-240, 213	All other ICD code numbers which may be acute conditions

NATIONAL HEALTH INTERVIEW SURVEY

October 1980

Diagnostic Recode #3*
Chronic Conditions and Impairments

I. Purpose: Recode #3 consists of 53 2-digit categories of chronic conditions and impairments. These categories have been selected from the more extensive diagnostic listing in Diagnostic Recode #1 following definitions shown below.

II. Definition of Chronic Condition and Impairment: For the purposes of the National Health Interview Survey a chronic condition and an impairment are any departures from normal health with onset more than 3 months from date of interview, except certain complications of pregnancy (630-676) which are always classified acute. Also included are certain chronic conditions and impairments which are classified as chronic regardless of the date of onset. All chronic conditions are counted in the survey whether or not they have necessitated activity restriction or medical care. All impairments coded with "X" in the first digit are, by definition, chronic.

Chronic conditions and impairments, as defined, are given a supplementary 1-digit code number identifying them as chronic and are sorted for tabulation under Recode #3 categories on this basis.

III. Content: Each line of the recode contains the following elements: Recode #3 number, title summarizing the contents of the category, Recode #1 inclusions, and rubric numbers from the International Classification of Diseases (ICD). Since the impairment categories are coded according to the Classification of Impairments (X-code) instead of the ICD method, no corresponding ICD rubric numbers are shown in the last column for these categories. See Diagnostic Recode #1 for a listing of the X-codes.

A summary listing of modifications which affect the use of the recode is shown as follows:

(a) The letter "A" following an ICD rubric number means that this is a special number devised for survey purposes which is not to be found in the ICD.

(b) Abbreviations "NOS" and "NEC," represent respectively, "not otherwise specified," and "not elsewhere classified."

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* For use in processing the 1979 NHIS condition diagnosis.

National Health Interview Survey

October 1980

Diagnostic Recode #3
Chronic Diseases and Impairments

Recode #3 Number	Title	Recode #1 Inclusions	ICD Inclusions as modified by NHIS
01	Tuberculosis, active	001-003	010-018
02	Tuberculosis, arrested or inactive	004	019-A
03	Other chronic infective and parasitic diseases	005-041	001-009, 020-027, 030 033, 034.0, 035-041, 045, 046.2,8,9, 047, 048, 049.0,1,8, 050-0 060-066, 070-078, 079.0-2,8,9, 080-088, 090-098, 099.0-3,8,9, 100-104, 110-112, 114-118, 120-136, 771.0-3, 777.5, 790.7,8
04	Malignant neoplasms	042-059	140-165, 170-175, 179 201, 202.0-4,6,8,9, 203-208, 289.6
05	Benign and unspecified neoplasms	060-080	210, 211.0-6,8,9, 212-225, 227-229, 239, 569 616.2, 620.2, 621.0, 622.7, 623.7, 624.6
06	Disease of the thyroid gland	087-089	226, 240-246, 775.3, 794.5
07	Diabetes (mellitus)	090	250, 775.1
08	Anemias, 3 months+	097-100	280-285, 776.6
09	Other diseases of blood and blood forming organs, 3 months+	101	273.0, 286-288, 289.0-5 7,8, 776.1,4,7,8, 782.7 790.0
10	Headache and migraine, chronic (excludes tension headache coded to 307.8 in Recode 12)	111, 224	346, 784.0
11	Specified mental disorders, NEC	102-105	290-299, 300.0-3,5-9, 301-304, 305.0,2-9, 306.1-5, 310.0,1,8,9, 312-314, 316-A, 331.0,1, 357.5, 425.5, 535.3, 790.3

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Recode #3 Number	Title	Recode #1 Inclusions	ICD Inclusions as modified by NHIS
12	Nervousness, depression, NEC and special symptoms, NEC, 3 months+	106	300.4, 307-309, 311, 315.3-5,8,9, 625.6, 780.5, 784.3,5,6, 787.6, 788.3, 799.2
13	Rheumatic fever, inactive NOTE: For prevalence of heart disease, use Recodes 14-16	126	399-A
14	Rheumatic fever, active	127	390, 391
15	Rheumatic heart disease	128	393-398, 423.1, 424.1
16	Other diseases of heart, NEC	129-132	402.1,9, 404.1,9, 413, 414, 415.0, 416, 417.8,9, 420-422, 423.0,2,8,9, 424.0,2,3,9, 425.0-2,4,9, 426-428, 429.0-3,5,8,9, 785.0-3, 794.3
17	Cerebrovascular disease	134	348.5, 430-435, 437.0-2, 4-6,8,9
18	Hypertensive disease, NEC	133	401, 402.0, 403, 404.0, 405, 434, 796.2
19	Varicose veins	137	454, 456
20	Hemorrhoids	138	455
21	Arteriosclerosis and other chronic diseases of the circulatory system	135, 136, 139-143, 227	415.1, 417.0,1, 437.3, 440-444, 446-448, 451-453, 457.1,2,8,9, 458, 459, 557, 780.2, 782.3,5,6, 784.8, 785.4-6,9, 789.2, 796.3, 991.5
22	Chronic bronchitis	151	490, 491
23	Emphysema	152	492, 518.1,2
24	Asthma (with or without hay fever)	153	493
25	Hay fever, without asthma	157	477, 478.8
26	Chronic sinusitis	156	473
27	Other chronic diseases of the respiratory system	147-150, 154, 155, 158,159, 228	464.3, 470-472, 474-476, 478.0-7,9, 480-483, 485, 486, 487.0,1,8, 494-496, 500-507, 510-516, 518.0,3, 4,8, 519.1-4,8,9, 770.0, 784.4,7, 786.0-5,7,9, 793.1, 794.2

Recode #3 Number	Title	Recode #1 Inclusions	ICD Inclusions as modified by NHIS
28	Ulcer of stomach and duodenum	163	531-534
29	Hernia of abdominal cavity	168	550-553, 750.6
30	Diseases of the gallbladder, chronic	178, 179	574, 575, 576.1-5,8,9 793.3
31	Other chronic diseases of the digestive system	160-162, 164-167, 169-177, 180, 229-232	520.3,4,7-9, 521-523, 525-530, 535.0-2,4-6, 536, 537, 540-543, 555 556, 558, 560, 562, 564.0,1,5-9, 565-568, 569.0-5,8,9, 570-572, 573.0,3,4,8,9, 577, 57 579.4, 777.4, 782.4, 783.0, 786.8, 787.0-5, 789.0,1,3-5,9, 794.8
32	Disorders of menstruation	193	625.2-4,8, 626.0-6,8,9 627.1
33	Menopausal symptoms, except psychosis	194	627.0,2,4,9
34	Chronic diseases of kidney and ureter	181, 182, 184, 185	580-583, 584.5-9, 585, 587, 588.0,8,9, 589-591 592.0,1, 593, 794.4
35	Other chronic diseases of urinary system	183, 186, 233	099.4, 344.6, 592.9, 594-599, 607.3, 619.0, 625.0,1,9, 788.0-2,4-9, 790.2, 791.0-2,4-7,9, 793.5
36	Chronic diseases of genital organs, NEC	187-192	600-606, 607.0-2,8,9, 608-611, 614, 615, 616.0,1,3,4,8,9, 617, 618.0-6,8,9, 619.1,2,8, 620.0,1,3-9, 621.1-9, 622.0-6,8,9, 625.5, 627 628.0,2, 771.5, 792.2, 7
37	Chronic and allergic skin diseases	206-211	277.6, 373.3, 680-686, 690-692, 693.1, 693.2-A, 694-698, 700-709, 723.6, 729.3, 771.4, 782.8, 995.1,3
38	Arthritis and chronic rheumatism	212, 213	710.3,4, 711, 712, 714-716, 719.3, 720.0,8, 721.0,2,3,5-7,9, 725, 726.0,2, 729.0,1

Recode #3 Number	Title	Recode #1 Inclusions	ICD inclusions as modified by NHIS
39	Other chronic musculoskeletal disorders	214-219	358.0, 359.8,9, 376.6, 710.0-2,8,9, 717, 718.0-4,8,9, 719.0,1, 2,6,8,9, 720.1,2,8, 721.1,4,8, 722.0-7,9, 723.0-5,7,9, 724.0-2, 4-9, 726.1,3-9, 727, 728.0,1,3,5,7-9, 729.4, 6,9, 730-732, 733.0-7,9, 739, 775.2, 793.7
40	Fractures, 3 months+ no residual specified	250	905.0-5
41	Serious visual impairments	X00	
42	Other visual impairments	X01, X02, X04	
43	Hearing impairments	X05-X09	
44	Speech defects	X10, X11	
45	Paralysis	X40-X64	
46	Absence, upper extremities	X20-X25	
47	Absence, lower extremities	X26-X29	
48	Impairments (except paralysis and absence), back or spine	X70, X71.9, X80	
49	Impairments (except paralysis and absence), upper extremities and shoulders	X73, X74, X84	
50	Impairments (except paralysis and absence), lower extremities and hips with any other site	X75, X76, X78, X85, X86	
51	Impairments (except paralysis and absence), multiple, NEC, and ill-defined, limbs, back, trunk	X79, X89	
52	Other impairments	X12, X14, X19, X30-X35, X77, X90, X91.9, X92-X94, X99	

Recode #3 Number	Title	Recode #1 Inclusions	ICD Inclusions as modified by NHIS
53	Other chronic conditions, except impairments (gout), (multiple sclerosis), (paralysis agitans), (epilepsy), (refractive errors), (cataract), (glaucoma), (congenital malformations not in X-code), (senility), (etc.)	91-96, 108-110, 112-125, 220-223, 225, 226, 235-240, 259, 269, 271-273, 276-278	All other ICD code numbers which may b chronic conditions

October 1980

National Health Interview Survey

Diagnostic Recode #4*
Hospital Diagnosis

I. Purpose: Recode #4 is a list of 38 categories of diseases, injuries, and impairments selected from Recode #1. It is designed for use in tabulating the diagnosis reported for each hospitalization.

II. Contents: Each line of the recode contains the following elements: recode number, title summarizing the contents, Recode #1 inclusions, rubric numbers from the ICD. The full detail of all modifications of ICD is shown in Appendix III of the Medical Coding Manual. A summary listing of modifications which directly affect the use of the recode is shown as follows:

(a) The letter "A' following a rubric means that this is a special number devised for survey purposes which is not found in the ICD.

(b) ICD rubrics for impairments and most of the late effects of diseases are not used in the survey medical coding and, therefore are not shown in Recode #1. Impairments and their causes, as reported by the household members, are coded directly to the X-codes according to a system that differs considerably from the ICD method. A complete listing of the Classification of Impairments (X-code) is given in the Appendix I of the Medical Coding Manual.

(d) The abbreviations "NOS" and "NEC" represent, respectively, "not otherwise specified" and "not elsewhere classified."

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* For use in processing the 1979 NHIS condition diagnosis.

National Health Interview Survey

October 1980 (

Diagnostic Recode #4
Acute Conditions

Recode #4 Number	Title	Recode #1 Inclusions	ICD Inclusions as modified by NHIS
01	Tuberculosis (active) (inactive), all sites	001-004	010-018, 019-A
02	Other infective and parasitic diseases	005-041	001-009, 020-027, 030-03 34.0, 035-041, 045, 046.2,8,9, 047, 048, 049.0,1,8, 050-057, 060-066, 070-078, 079.0-2,8,9, 080-088, 090-098, 099.0-3,8,9, 100-104, 110-112, 114-11 120-136, 771.0-3,7,8, 777.5, 790.7,8
03	Malignant neoplasms	042-059	140-165, 170-175, 179-201, 202.0-4,6,8,9, 203-208, 289.6
04	Benign and unspecified neoplasms	060-080	210, 211.0-6,8,9, 212-225, 227-229, 239, 569.0, 616.2, 620.2, 621.0, 622.7, 623.7, 624.6
05	Diabetes (mellitus)	090	250, 775.1
07	Mental and personality disorders, and deficiencies	087-089, 091-096	202.5, 211.7, 226, 240-24 251-267, 268.0,2,9, 269-272, 273.1-3,8,9, 274 275, 277.0-5,8,9, 278, 279, 306.6, 359.3, 579.0-2,8,9, 588.1, 775.3,4,6,8,9, 779.3, 783.2,3,6, 791.3, 794.5
08	Cerebrovascular disease	134	348.5, 430-433, 435, 437.0-2,4-6,8,9
09	Diseases of the eye and visual impairments	117-123, X00-X02, X04	360.0-4,8,9, 361-368, 370-372, 373.0-2,8,9, 374, 375, 376.0,1,3-5,8,9, 377-379, 771.6

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Recode #4 Number	Title	Recode #1 Inclusions	ICD Inclusions as Modified by NHIS
10	Other diseases of nervous system and sense organs, except paralysis	108-116, 124, 125, 226, X05-X12	046.0,1,3, 320-322, 323.8,9, 324, 325, 330, 331.8,9, 332-337, 340, 341, 345-347, 348.0-4,8,9, 349.2,8,9, 350-352, 353.0-4,6,8,9, 354-356, 357.0,8,9, 358.8,9, 359.0-2, 380-382, 383.0-2,8,9, 384-387, 388.0,1,3-9, 724.3, 729.2, 779.0,1, 780.0,1,3,4, 781.0,1,3,6, 782.0, 792.0, 793.0, 794.0,1, 796.1
11	Diseases of the heart, NEC	127-132	390, 391, 393-398, 402.1,9, 404.1,9, 414, 415.0, 416, 417.8,9, 420-424, 425.0-2,4,9, 426-428, 429.0-3,5,8,9, 785.0-3, 794.3
12	Hypertensive disease, NEC	133	401, 402.0, 403, 404.0, 405, 796.2
13	Arteriosclerosis, NEC	135	440
14	Varicose veins	137	454, 456
15	Hemorrhoids	138	455
16	Other diseases of circulatory system, NEC	126, 136, 139-143, 227	399-A, 415.1, 417.0,1, 437.3, 441-444, 446-448, 451-453, 457.1,2,8,9, 458, 459, 557, 780.2, 782.3,5,6, 784.8, 785.4-6,9, 789.2, 796.3, 991.5
17	Upper respiratory conditions	144, 145, 154-158	079.3, 460-465, 470-478
18	Other respiratory system conditions	146-153, 159, 228, X30	466, 480-483, 485-487, 490-496, 500-507, 510-516, 518.0-4,8, 519.1-4,8,9, 770.0, 784.4,7, 786.0-5,7,9, 793.1, 794.2
19	Ulcer of stomach and duodenum	163	531-534
20	Appendicitis, all forms	167	540-543
21	Hernia of abdominal cavity	168	550-553, 750.6

Recode #4 Number	Title	Recode #1 Inclusions	ICD Inclusions as Modified by NHIS
22	Diseases of the gallbladder	178, 179	574, 575, 576.1-5,8.9, 793.3
23	Other digestive system conditions	160-162, 164-166, 169-177, 180, 229-232	520.3,4,7-9, 521-523, 525- 535.0-2,4-6, 536, 537, 55 556, 558, 560, 562, 564.0,1,5-9, 565-568, 569.0-5,8,9, 570-572, 573.0,3,4,8,9, 577, 578, 579.4, 777.4, 782.4, 783.0, 786.8, 787.0-5,7,9, 789.0,1,3-5,9, 794.8
24	Male genital disorders	187, 188	600-606, 607.0-2,8,9, 608, 609, 792.2
25	Female genital disorders	190-196	610, 611, 771.5, 793.8 (female only) 614, 615, 616.0,1,3-5,8,9, 617, 618, 619.1,2,8,9, 620.0,1,3-9, 621.1-9, 622.0-6,8,9, 623.0-6,8,9, 624.0-5,8,9, 625.2-5,8, 626-629
26	Other genitourinary system conditions	181-186, 189, 233, X31, X32	099.4, 344.6, 580-583, 584.5-9, 585, 587, 588.0,8 589-599, 607.3, 619.0, 625.0,1,9, 788.0-2,4-9, 790.2, 791.0-2,4-7,9, 793. 794.4
27	Delivery, normal or unspecified	201	644.1, 650
28	Delivery with complications	202, 203	662.1, 666.1, 669.5-7
29	Complications of pregnancy and the puerperium	197-200, 204, 205	630-643, 644.0, 645, 646, 651-661, 662.0,2,3, 663-66 666.0,2,3, 667, 668, 669.0-4,8,9, 670-673, 674.0,4,8,9, 675, 676
30	Diseases of the skin and cellular tissue, NEC	206-211	277.6, 680-686, 690, 692, 693.2-A, 694-698, 703-705, 706.0,1,3,8,9, 707-709, 723.6, 729.3, 771.4, 782.8, 995.1,3
31	Arthritis	212	711, 712, 714, 715.0,1,3,8, 716, 719.3, 720.0,8.9, 721.0,2,3,5-7,9

Recode #4 Number	Title	Recode #1 Inclusions	ICD Inclusions as Modified by NHIS
32	Conditions of bones and joints, NEC	214-216, 250, X80, X84-X86, X89	648.7, 717, 718.0-4,8,9, 719.0,1,6,8,9, 720.2,8, 721.1,4,8, 722.0-7,9, 723.0-5,7-9, 724.0-2,4-9, 730-732, 733.0-7,9, 793.7, 905.0-5
33	Other conditions of the musculoskeletal system, NEC	213, 217-219, 234, X20-X29, X70, X71.9, X73-X79	358.0, 359.8,9, 376.6, 710, 715.2, 718.5, 719.2,4,5,7, 720.1, 725-727, 728.0,1,3,5,7-9, 729.0,1,4-6,8,9, 739, 775.2, 781.2,4
34	Fractures and dislocations, current	241-249, 251-253	733.8, 800-839
35	Other current injuries	254-258, 260-263, 265-268, 270, 272-277	323.5, 349.0,1, 357.6,8, 358.2, 359.4, 360.5,6, 383.3, 457.0, 508, 518.5, 519.0, 564.2-4, 569.6, 576.0, 579.3, 674.1-3, 693.0,8,9, 779.4, 783.5, 796.0, 800-848, 850-854, 870-884[1], 890-894, 900-904, 909-957, 959, 977.9[2], 979, 989.9[3], 990, 991.0-4,6,8,9, 992-994 995.0,2,4,5,8, 996-999
36	Paralysis, all sites	X40-X64	
37	Observation only	237	795.0,1,5,6, 799.5-A
38	Other conditions and impairments, NEC	097-101, 220-225, 235, 236, 238-240, 259, 269, 271, 278, X33, X34, X90, X91.9, X92-X94, X99	All other ICD code numbers used for admission to hospital.

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[1] Anything classifiable to 871.3 is coded as for Blindness in the X-code.

[2] Anything classifiable to 960-978 is coded to 977.9.

[3] Anything classifiable to 980-989 is coded to 989.9.

SMOKING SUPPLEMENT - Public Use

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
321	6	Telephone 1 ... Yes 2 ... No 3 ... Unknown
322	S2	Respondent Status 1 ... Self respondent 2 ... Proxy respondent 3 ... Unknown
323	Recode	Smoking Status 1 ... Never smoked 2 ... Occasional smoker 3 ... Former smoker 4 ... Present smoker 5 ... Smoker - present smoking status unknown 6 ... Smoking status unknown
324	2b	Current Smoking Status (Occasional Smokers) 1 ... Now smokes 2 ... Doesn't smoke now 3 ... Unknown Blank ... N.A.
325-326	**2c**, 5	Number of Cigarettes Now Smoked a Day 00 ... Less than 1 01-97 ... Number smoked 98 ... 98+ smoked 99 ... Unknown Blank ... N.A.
327-328	2a	Age Started Smoking Regularly 01-98 ... Age 99 ... Unknown Blank ... N.A.
329-330	3	Number of Cigarettes Smoked a Day at Peak Period 01-97 ... Number smoked 98 ... 98+ smoked 99 ... Unknown Blank ... N.A.

Tape Locations	Item No.	Items and Codes
331-333	4b	Last Smoked Regularly
331-332		Number of Units 00 ... Less than 1 01-97 ... Number of days, weeks, months or years 98 ... 98+ days, weeks, months or years 99 ... Unknown Blank ... N.A.
333		Time Units 1 ... Days 2 ... Weeks 3 ... Months 4 ... Years 5 ... Unknown Blank ... N.A.
334-335	Recode	Interval Since Last Smoked Regularly (former smokers) 00 ... Less than 1 month 01 ... 1-2 months 02 ... 3-5 months 03 ... 6-11 months 04 ... Under 1 year, unknown when 11-24 ... 1-14 years 25 ... ~~15-19~~ years 26 ... 20-24 years 27 ... 25-29 years 28 ... 30-39 years 29 ... 40+ years 30 ... Unknown Blank ... N.A.
336	6a	Number of Brands Smoked 0 ... No particular brand 1-7 ... 1-7 brands 8 ... 8+ brands 9 ... Unknown Blank ... N.A.
337-339		BLANK
340	7a	Type of Filter 1 ... Filter tip 2 ... Non filter tip 3 ... Unknown Blank ... N.A.

SMOKING SUPPLEMENT - Public Use

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
341	7b	Kind of Cigarette Smoked 1 ... Plain 2 ... Menthol 3 ... Unknown Blank ... N.A.
342	7c	Package Type 1 ... Hardpack 2 ... Softpack 3 ... Unknown Blank ... N.A.
343	7d	Cigarette Size 1 ... Regular 2 ... King Size 3 ... 100+ millimeter 4 ... Unknown Blank ... N.A.
344	8a	Ever Seriously Attempted to Quit 1 ... Yes 2 ... No 3 ... Unknown Blank ... N.A.
345	8b	Total Number of Serious Attempts to Quit 1-4 ... 1-4 serious attempts 5 ... 5+ serious attempts 6 ... Unknown Blank ... N.A.
346	8c	Number of Serious Attempts in Past 12 Months 0 ... None 1-4 ... 1-4 serious attempts 5 ... 5+ serious attempts 6 ... Unknown Blank ... N.A.
347-349 347-348	9	Starting Time of Last Attempt Number of units 00 ... Less than 1 01-97 ... Number of days, weeks, months or years 98 ... 98+ days, weeks, months or years 99 ... Unknown Blank ... N.A.

SMOKING SUPPLEMENT - Public Use

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
349		Time Units 1 ... Days 2 ... Weeks 3 ... Months 4 ... Years 5 ... Unknown Blank ... N.A.
350-351	Recode	Starting Time 00 ... Less than 1 month 01 ... 1-2 months 02 ... 3-5 months 03 ... 6-11 months 04 ... Under 1 year, unknown when 11-24 ... 1-14 years ago 25 ... 15+ years ago 26 ... Unknown Blank ... N.A.
352-354	10	Length of Time Stay Off Cigarettes
352-353		Number of Units 00 ... Didn't stay off 01-97 ... Number of days, weeks, months or years 98 ... 98+ days, weeks, months or years 99 ... Unknown Blank ... N.A.
354		Time Units 0 ... Didn't stay off 1 ... Days 2 ... Weeks 3 ... Months 4 ... Years 5 ... Unknown Blank ... N.A.
355-356	Recode	Length of Time Off Cigarettes 00 ... Didn't stay off 01 ... 1-3 days 02 ... 4-6 days 03 ... 1 week to less than 2 weeks 04 ... 2 weeks to less than 1 month 05 ... 1 to 2 months 06 ... 3 to 5 months 07 ... 6 to 8 months 08 ... 9 to 11 months 09 ... 1 year 10 ... 2 years

Tape Locations	Item No.	Items and Codes
355-356 (cont.)		11 ... 3 years 12 ... 4 years 13 ... 5-9 years 14 ... 10-14 years 15 ... 15-19 years 16 ... 20 years or more 17 ... Unknown Blank ... N.A.
357-359	Generated	Tar Level of Brand Smoked Most (nearest length) 000 ... Less than 0.5 mgs. 005-398 ... 0.5 to 39.8 mgs. 399 ... Unknown mgs. Blank ... N.A.
360-362	Generated	Nicotine Level of Brand Smoked Most (nearest hundredths) 000 ... Less than 0.05 mgs. 005-298 ... 0.05 to 2.98 mgs. 299 ... Unknown Blank ... N.A.
363-364	Recode 1	Tar Level of Brand Smoked Most 00 ... Less than 3 mgs. 01 ... 3 to 6 mgs. 02 ... 7 to 9 mgs. 03 ... 10 mgs. 04 ... 11 mgs. 05 ... 12 mgs. 06 ... 13 mgs. 07 ... 14 mgs. 08 ... 15 mgs. 09 ... 16 mgs. 10 ... 17 mgs. 11 ... 18 mgs. 12 ... 19 mgs. 13 ... 20 mgs. 14 ... 21 mgs. or more 15 ... Unknown mgs. Blank ... N.A.
365-366	Recode 2	Tar Level of Brand Smoked Most 00 ... Less than 5 mgs. 01 ... 5-9 mgs. 02 ... 10-14 mgs. 03 ... 15 mgs.

SMOKING SUPPLEMENT - Public Use

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
365-366 (cont.)		04 ... 16 mgs. 05 ... 17 mgs. 06 ... 18 mgs. 07 ... 19 mgs. 08 ... 20-24 mgs. 09 ... 25 mgs. or more 10 ... Unknown mgs. Blank ... N.A.
367	Recode 3	Tar Level of Brand Smoked Most 0 ... Less than 5 mgs. 1 ... 5-9 mgs. 2 ... 1-14 mgs. 3 ... 15-19 mgs. 4 ... 20 mgs. or more 5 ... Unknown Blank ... N.A.
368-369	Recode 1	Nicotine Level of Brand Smoked Most 00 ... Less than 0.30 mgs. 01 ... 0.30 to 0.69 mgs. 02 ... 0.70 to 0.99 mgs. 03 ... 1.00 to 1.09 mgs. 04 ... 1.10 to 1.19 mgs. 05 ... 1.20 to 1.29 mgs. 06 ... 1.30 to 1.39 mgs. 07 ... 1.40 to 1.49 mgs. 08 ... 1.50 to 1.59 mgs. 09 ... 1.60 t0 1.69 mgs. 10 ... 1.70 mgs. or more 11 ... Unknown Blank ... N.A.
370-371	Recode 2	Nicotine Level of Brand Smoked Most 00 ... Less than 0.50 mgs. 01 ... 0.50 - 0.99 mgs. 02 ... 1.00 - 1.09 mgs. 03 ... 1.10 - 1.14 mgs. 04 ... 1.15 - 1.19 mgs. 05 ... 1.20 - 1.29 mgs. 06 ... 1.30 - 1.34 mgs. 07 ... 1.35 - 1.39 mgs. 08 ... 1.40 - 1.69 mgs. 09 ... 1.70 mgs. or more 10 ... Unknown Blank ... N.A.

SMOKING SUPPLEMENT - Public Use

HIS - CALENDAR YEAR 1979 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
372	Recode 3	Nicotine Level of Brand Smoked Most 0 ... Less than 0.50 mgs. 1 ... 0.50 - 0.99 mgs. 2 ... 1.00 - 1.29 mgs. 3 ... 1.30 - 1.69 mgs. 4 ... 1.70 mgs. or more 5 ... Unknown Blank ... N.A.
373	Recode	Interview Status 1 ... Completed 2 ... Non-interview

NHIS - Calendar Year 1979 - Public Use Tape

Tape Locations	Item No.	Items and Codes
1-13	-	See 1979 Final Person Record Layout
14	-	Record Type (8)
15-187	-	See 1979 Final Person Record Layout
188-198	-	BLANK
*199-466	-	See 1979 Final Person Record Layout
467	1a	Now Living with Relatives 1. Yes 2. No (includes living alone) 3. DK, refused, not reported
468-469	1b	Family Members Now 00. None of below 01. Sibling only 02. Sibling and parent 03. Parent only 04. Sibling and child 05. Spouse only 06. Sibling and spouse 07. Child only 08. Parent and spouse 09. Parent and child 10. Spouse and child 11. Sibling, spouse and child 12. Sibling, parent and spouse 13. Sibling, parent and child 14. Parent, spouse and child 15. Sibling, parent, spouse and child 16. Living with unknown relative 17. Not living with relative (includes living alone) [467:2] 18. DK or refused [467:3]

*Weights in locations 201-461 are 1/3 sample weights for 17+.

Tape Locations	Item No.	Items and Codes
470	2	Time at This Address - Units 1. Days 2. Weeks 3. Months 4. Years 5. DK or refused
471-472	2	Time at This Address - Number 01-97. Number of days, weeks, months or years lived at this address 98. 98+ days, weeks, months or years lived at this address. 99. DK or refused
473-474	-	Time at This Address - Recode 00. Less than 6 months 01. 6 months up to 1 year 02. 1 up to 2 years 03. 2 up to 3 years 04. 3 up to 5 years 05. 5 up to 10 years 06. 10 up to 20 years 07. 20+ years 08. Unknown number of days 09. Unknown number of weeks 10. Unknown number of months 11. Unknown number of years 12. Unknown
475-477	Generated	Percent of Life Spent at This Address 000-100. Percents 999. Unknown
478	RM2	Mobility Status 1. Not moved in past 3 years 2. Moved in past 3 years 3. Unknown if moved in past 3 years

Tape Locations	Item No.	Items and Codes
479	3	Times Moved in Past 3 Years 0. No moves in past 3 years [478:1] 1-6. 1 to 6 moves 7. 7+ moves 8. Moved in past 3 years, don't know times moved 9. DK, refused, unknown if moved in past 3 years [478:3]
480	-	Number Moves Made in Past 3 Years - Recode 0. No moves [478:1] 1. 1 move 2. 2 moves 3. 3+ moves 4. Unknown number of moves [478:3]
481-483	4b	How Many Miles Moved [1/] 001-997. 1-997 miles 998. 998+ miles 999. DK, refused or "Initial DK" box checked Blank. Not moved or unknown if moved in past 3 years
484	-	Miles Moved - Recode 1. Less than 5 miles 2. 5-10 miles 3. 11-50 miles 4. 51-200 miles 5. 201-500 miles 6. 501-997 miles 7. 998+ miles 8. DK or refused Blank. Not moved or unknown if moved in past 3 years
485-486	4c	Number of Persons Lived with Respondent 00. None or lived alone 01-07. 1 to 7 persons 08. 8+ persons 09. Unknown number, but not alone 10. DK or refused Blank. Not moved or unknown if moved in past 3 years

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[1/] Locations 481-494 will be blank for all persons not known to be moving in past 3 years.

Tape Locations	Item No.	Items and Codes
487	4d	Was Living with Relatives 1. Yes 2. No 3. Lived alone 4. DK or refused Blank. Not moved or unknown if moved in past 3 years
488-489	4e	Family Members Then 00. None specified below 01. Sibling only 02. Sibling and parent 03. Parent only 04. Sibling and child 05. Spouse only 06. Sibling and spouse 07. Child only 08. Parent and spouse 09. Parent and child 10. Spouse and child 11. Sibling, spouse and child 12. Sibling, parent and spouse 13. Sibling, parent and child 14. Parent, spouse and child 15. Sibling, parent, spouse and child 16. Living with unknown relative 17. Not living with relative or lived alone [487:2,3] 18. DK or refused [487:4] Blank. Not moved or unknown if moved in past 3 years
490	5a	First Reason for Moving 1. Job-self 2. Retired-self 3. Health-self 4. Job-another person 5. Retired-another person 6. Health-another person 7. Other 8. DK or refused Blank. Not moved or unknown if moved in past 3 years

Tape Locations	Item No.	Items and Codes
491	5b	Second Reason for Moving 1. Job-self 2. Retired-self 3. Health-self 4. Job-another person 5. Retired-another person 6. Health-another person 7. Other 8. DK or refused Blank. No second reason, not moved or unknown if moved in past 3 years
492	5c	Main or Only Reason for Moving 1. Job-self 2. Retired-self 3. Health-self 4. Job-another person 5. Retired-another person 6. Health-another person 7. Other 8. DK, unknown main reason, or refused 9. Multiple reasons, unknown main Blank. Not moved or unknown if moved in past 3 years
493	-	Living with Relatives, Now and Then - Recode 1. Living with relatives now and then, same configuration 2. Living with relatives now and then, different configuration 3. Living with relatives now and then, configuration unknown 4. Now living with relatives, not then 5. Then living with relatives, not now 6. Not living with relatives either time 7. DK, refused or unknown Blank. Not moved or unknown if moved in past 3 years
494	-	State and County Codes Status, Now and Then 1. Same state and county 2. Same state, different county 3. Different state 4. Outside U.S. then (in U.S. now) 5. Then state unknown, refused Blank. Not moved or unknown if moved in past 3 years

APPENDIX C

VALUING THE BENEFITS OF IMPROVED HUMAN HEALTH

Winston Harrington and Paul R. Portney

Many of the federal regulatory agencies created since the mid-1960s have as one goal the protection and/or enhancement of human health. These include the Environmental Protection Agency (EPA), the Occupational Safety and Health Administration (OSHA), the National Highway Transportation Safety Administration (NHTSA), the Consumer Product Safety Commission (CPSC) and the Mine Enforcement and Safety Administration (MESA). Health protection is also an important goal of other, older regulatory agencies, the Food and Drug Administration (FDA) being the most notable example. Therefore, in an era when all federal regulatory activity is to be subjected to close analytical scrutiny, if not full-blown benefit-cost analysis, it is important to have accurate, conceptually correct measures of any human health benefits that result from these regulatory programs.

Unfortunately, this is no simple task. Not only is it often quite difficult to map regulatory policy into physical improvements in health (less sickness, fewer accidents, etc.), but it is equally difficult to translate changes in health status into appropriate dollar valuations. This is perhaps most difficult when the policy outputs are "lives saved," or -- more correctly -- lives prolonged, but difficulties arise even when health benefits take the form of reductions in acute or chronic illness unrelated to premature mortality.

A number of methods have been used to value either sure prospects for reduced morbidity (from sickness or injury) or a reduced likelihood of its occurrence. For instance, Loehman *et al.* [1979] employed a contingent valuation approach and surveyed individuals directly about their willingness to pay for a reduced incidence of coughing, congestion, and other physical ailments. Alternatively, others have examined the markets for labor (Thaler and Rosen [1976], Smith [1979], Viscusi [1978]), housing (Portney [1981]), and safety devices (Blomquist [1979], Dardis [1980]) for indirect or revealed evidence on the value which individuals attach to reduced morbidity or increased longevity. By and large, however, the most common approach to the valuation of morbidity has involved one of two methods: (i) the imputation of more or less ad hoc values to days of sickness or injury (Freeman [1982], Ostro [1981]); or, more frequently, (ii) a "cost of illness" (COI) approach designed to reflect both the direct, out-of-pocket expenses arising from illness or injury (e.g., medicines and doctor and hospital charges), as well as any resulting opportunity costs incurred, foregone earnings being the most obvious example (Cooper and Rice [1976], Lave and Seskin [1977, especially p. 225]).

In spite of its wide popularity and intuitive appeal, the COI approach is not without problems. First, it ignores the "defensive" expenditures that individuals can and do make to influence their health status (Grossman [1972], Cropper [1981], and Crocker et al. [1979]). If individuals fully protected themselves against environmental or occupational insults, say, a regulation-induced reduction in such insults might not lead to any observed health improvement, but would be beneficial nonetheless by virtue of reducing the need for defensive expenditures.[1] Second, the COI approach ignores the possibly considerable direct disutility of sickness or injury, a cost unrelated to direct or indirect financial losses. This, too, should figure in any theoretically grounded measure of the benefits arising from the protection of human health.

It is our purpose in this paper to derive such a measure and contrast it to the commonly used COI approach. In the first section of this paper, we present a simple model of constrained utility maximization in which illness or injury not only reduces the time which can be devoted to labor or leisure and induces certain remedial medical expenditures, but also has disutility of its own. In this model, individuals can make defensive expenditures to lessen their chances of illness or injury, thus influencing directly their actual health status. As one might expect in such a model, expenditures on defensive goods will be shown to depend both upon the direct and indirect costs of illness as well as upon the disutility it imparts. Following that, we recast the individual's decision-making problem in terms of the indirect utility function. This enables us to derive directly the conceptually correct measure of the benefits of reductions in the health threats that individuals face. We also discuss the practical difficulties that arise in attempts to estimate empirically this measure. In section III we find that, under plausible conditions, the "true" benefit measure is consistently greater than that resulting from the COI approach. This conclusion holds under a number of extensions to our simple model presented in section IV.

I. The Basic Model

Consider an individual with a utility function of the form:

$$(1) \quad U = U(X,L,S)$$

where X represents expenditures on nonhealth-related goods,[2] L is leisure time per period, and S is time spent ill per period ($U_X, U_L > 0$; $U_S < 0$). Time spent sick depends upon some environmental threat (broadly defined) which could take the form of air pollution, exposure to a harmful substance in the workplace or in a foodstuff or other consumer product, or other hazard.[3] For simplicity we will refer to all such threats as pollution, P, although the broader applicability of our findings should be borne in mind. Sickness also depends upon preventive defensive expenditures, D, which can shorten the duration of any sickness which does occur. Thus,

$$(2) \qquad S = S(D,P)$$

where $S_D < 0$ and $S_P > 0$. In turn, medical expenses, M, are assumed to depend on the duration of sickness, or

$$(3) \qquad M = M(S(D,P)) \,, \qquad \text{with } M'(S) > 0.$$

The individual is assumed to receive per-period nonwage income I (from capital or transfer payments) and to work for wage rate w.

The individual's decision problem can then be expressed as:

$$(4) \qquad \max_{X,L,D} \Lambda = U(X,L,S) + \lambda[I + wT - wL - wS(D,P) - X - D - M(S(D,P))]$$
$$+ \mu[T - L - S(D,P)]$$

where T is total time available per period. The bracketed expression multiplying λ is the "full income" constraint as introduced by Becker [1971]. The second constraint merely ensures that the sum of leisure time and time spent ill does not exceed the total time available. The first order conditions are:

(5) $\Lambda_X = U_X - \lambda = 0$

(6) $\Lambda_L = U_L - w\lambda - \mu = 0$

(7) $\Lambda_D = U_S S_D - w\lambda S_D - \lambda - \lambda M'(S)S_D - \mu S_D = 0$

(8) $\Lambda_\lambda = I + wT - wL - wS(D,P) - X - D - M(S) = 0$

(9) $\Lambda_\mu = T - L - S \geq 0 \ ; \quad \mu(T - L - S) = 0 \ .$

For the balance of this paper, we will assume that all individuals work some positive number of hours per period. Thus, from (9) it is the case that $\mu = 0$. It follows, then, that conditions (5) and (6) represent the familiar trade-off between labor and leisure (since we treat X as total expenditures on other goods, its price is unity).

Equation (7) can be rewritten to shed some light on defensive expenditures by individuals. Specifically we can see that:

(10) $$\frac{U_S S_D}{\lambda} - wS_D - M'(S)S_D = 1 \qquad .$$

The interpretation of expression (10) is straightforward. It indicates that, at the margin, a dollar's worth of defensive expenditure is comprised of three parts: these are, in order, the dollar value of disutility arising from additional sick time ($\frac{U_S S_D}{\lambda}$), the opportunity cost of illness valued at the wage rate ($-wS_D$), and the out-of-pocket expenses caused by increased illness ($-M'(S)S_D$).

II. Willingness to Pay: Theory and Estimation

Having introduced this simple model, we can turn to the valuation of health benefits arising from a reduction in pollution. To do so we employ the indirect utility function (see Courant and Porter [1981], Just, Hueth and Schmitz [1982]). The optimal values for the choice variables X, L and D clearly depend upon the wage rate w, nonwage income I, and air pollution P. The indirect utility function, V, gives the maximum utility obtainable for a given set of parameter values.

$$(11) \qquad V = V(I,P,w) = U(X,L,S(D,P)) + \lambda[I + wT - wL - wS(D,P) - X - D - M(S(D,P))] + \mu[T - L - S(D,P)]$$

where X, L, D, λ and μ are functions of the parameters I, P and w.

Suppose nonwage income I and the wage rate w are fixed. If the pollution level changes, say from P_0 to P_1, utility will also change from V_0 to V_1, where

$$(12) \qquad V_0 = V(I,P_0,w) \quad \text{and} \quad V_1 = V(I,P_1,w).$$

If $P_0 < P_1$, then $V_0 > V_1$. For fixed wages, the only way to keep an individual indifferent to a change in pollution is to change the nonwage income I. This is illustrated in Figure 1(a). When pollution increases from P_0 to P_1 with no

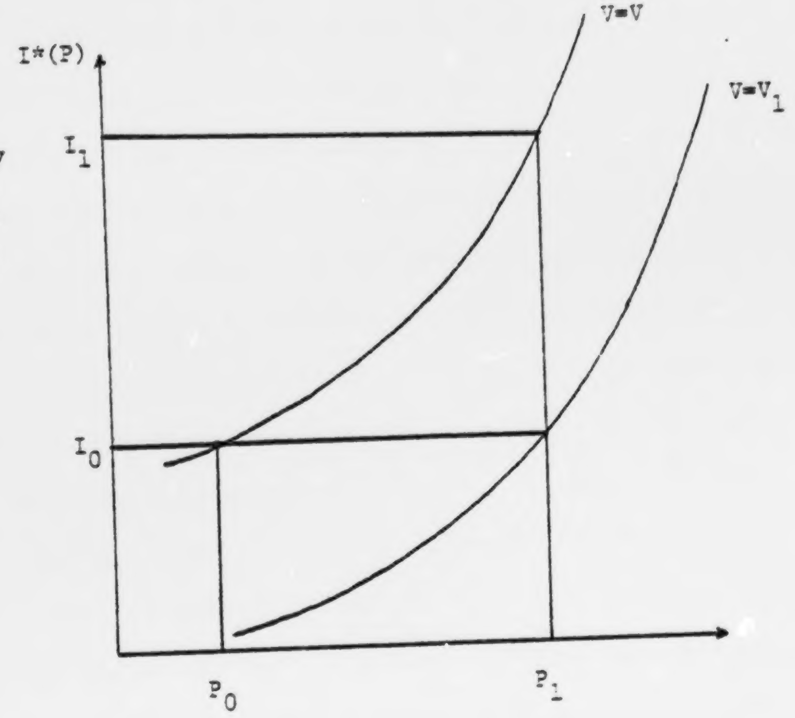

Figure 1(a)

Willingness to pay to avoid increase in pollution from P_0 to P_1 is I_1-I_0

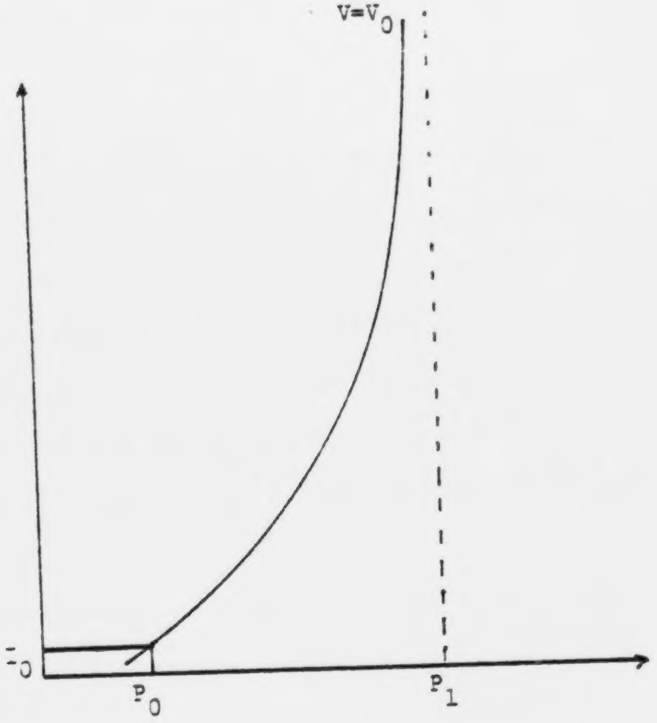

Figure 1(b)

Individual cannot be compensated for increase in pollution change in income, the individual drops from the indifference curve $V = V_0$ to $V = V_1$. To leave the individual indifferent to the change in pollution, I must be increased from I_0 to I_1. The amount $I_1 - I_0$ is, by definition, the (negative) benefit to the individual of the change in air quality. Note that it is not always possible to keep the individual on the same indifference curve. In the case illustrated in Figure 1(b), there is no change in income that compensates the individual for an increase in pollution from P_0 to P_1. This possibility can arise only for increases in pollution. The change in income associated with a decrease in pollution is always defined. In any event, we are primarily interested in small changes for which this possibility is unlikely to arise; hence, it is ignored in what follows.

As suggested by Figure 1, holding V constant while P varies defines I implicitly as a function of P, which we denote as $I^*(P)$. Thus, $V(I^*(P),P) = V_0$.[4] The total derivative of V with respect to P is then

$$(13) \qquad \frac{dV}{dP} = V_I \frac{dI^*(P)}{dP} + V_P = 0 \quad , \quad \text{or} \quad \frac{dI^*(P)}{dP} = - \frac{V_P}{V_I} \quad .$$

$\frac{dI^*(P)}{dP}$ is the marginal willingness to pay (be compensated) for a marginal decrease (increase) in pollution P. Because V is set equal to V_0, the initial level of utility, in (12), equation (13) gives the marginal compensating variation. Equivalent variation would be obtained if V had been set equal to V_1.

The derivatives of V are quite simple to compute; because the first order conditions (5) - (9) hold, many terms drop out. In fact,

(14) $V_I = \lambda$; and

(15) $V_P = (U_S - \lambda w - M'(S))S_P$.

But from (7), we know that $U_S - \lambda w - M'(S) = \lambda/S_D$, so that

(16) $V_P = \lambda \frac{S_P}{S_D}$ and

(17) $\frac{dI^*(P)}{dP} = - \frac{V_P}{V_I} = - \frac{S_P}{S_D}$.

At first glance it would appear that the expression (17) for marginal willingness to pay is independent of personal tastes and income and rather depends only on the technical characteristics of the sickness (or dose-response) function, S. Note, however, that since D is a choice variable for the individual, the ratio S_P/S_D is dependent upon the characteristics of the individual and the values of the parameters he or she faces. S_P/S_D would be independent of D only if $\partial(S_P/S_D)/\partial D = 0$. This condition would be met if S were linear, for example, but is not generally satisfied.

What are the prospects for empirical estimation of (17)? At first glance they may appear good since, in principle, both S_P and S_D should be observable from dose-response or health production functions, of which there are no shortage in the literature. However, even the best of these functions is based on data which are inadequate in key respects. These data usually include measures of individuals' personal and economic characteristics, the environmental and meteorological conditions in the area in which they live and work, and, on occasion, an indication of the price and availability of medical care. But it almost never includes usable information about the behavioral adjustments, purchases, or other measures individuals take to protect themselves against environmental hazards.[5] Thus, S_D is very difficult to observe.

Furthermore, consider the difficulty of estimating S_D even with a data base containing detailed information on consumer expenditures. A great many expenditures that we might wish to label "defensive" serve other purposes as well. Air conditioning filters the air, for example, but also cools it. Exercise helps maintain health capital but also provides enjoyment. One way to model this situation is to allow defensive expenditures to affect utility directly -- however, in such a model the true measure of benefits is no longer equal to $-S_P/S_D$ but also includes a derivative of the utility function. Thus, the hybrid nature of many defensive expenditures makes it difficult to obtain an unbiased benefit estimate.

Another problem arises from the suspicion that the extent of illness may influence the level of defensive expenditures, as well as vice versa. In principle, this problem could be handled using a simultaneous equations model, but this will be difficult to do in practice. Typically, epidemiological studies only explain a small fraction of the total variation in illness: Ostro [1981], for example, reported R-squares of about .02. Such poor fits suggest that a number of important variables have been omitted. To use the results of such studies for dose-response functions requires one to assume, somewhat uneasily, that the unobserved and omitted variables are orthogonal to those included in the estimating equation. This assumption may not be valid in a simultaneous equation model because anything that affects S will also affect D. If both sickness and defensive expenditures depend in part on an unobserved variable (an individual's genetic predisposition to illness, for example), cross-section estimates of S_D will be biased. That is, those genetically predisposed toward more illness may spend more to mitigate its effects, thus leading the unwary to conclude that defensive expenditures increase the duration of illness.

III. True Benefits and the Cost-of-Illness Approach

Let us now turn to a comparison between the conceptually correct measure of benefits given in (17) and that resulting from the COI approach to benefit estimation. Typically under the latter approach, a dose-response relationship is estimated in a cross-section epidemiological study, like those of Crocker [1979] or Ostro [1981]. This relationship is then used to predict the effect on health status of a change in pollution. Finally, increases or decreases in sick time are valued at the wage rate to reflect the opportunity cost of illness, and out-of-pocket medical costs are linked to sickness through a function like $M(S)$ in equation (3).

As we indicated above, virtually no cross-section epidemiological study has included data on defensive expenditures, although all such studies do include most or all of the other data we describe above. Since individuals do make defensive expenditures and other adjustments to help mitigate or prevent environmentally-related adverse health effects, what is actually observed in cross-section studies is a total rather than a partial effect of pollution on health. Assuming that the determinants of health other than D and P are invariant with respect to P, the dose-response relationship $S = S(D,P)$ can be totally differentiated to obtain:

(18) $\frac{dS}{dP} = S_D D_P + S_P$.

Since it is this total change in health status for a given change in pollution that is used in the COI approach, the added cost of illness for a change in pollution can be expressed as:

(19) $\frac{dC}{dP} = w \frac{dS}{dP} + M'(S) \frac{dS}{dP}$,

the terms on the right-hand side denoting, respectively, the lost wages or leisure time due to pollution-related illness, and the resulting out-of-pocket medical costs.

But from (7),

(20) $w + M'(S) = \frac{U_S}{\lambda} - \frac{1}{S_D}$.

Combining (18), (19), and (20) we have

(21) $\frac{dC}{dP} = w \frac{dS}{dP} + M'(S) \frac{dS}{dP} = \left[\frac{U_S}{\lambda} - \frac{1}{S_D} \right] \frac{dS}{dP} = \frac{U_S}{\lambda} \frac{dS}{dP} - D_P - \frac{S_P}{S_D}$.

Hence,

(22) $\frac{dI^*}{dP} = - \frac{S_P}{S_D} = w \frac{dS}{dP} + M'(S) \frac{dS}{dP} - \frac{U_S}{\lambda} \frac{dS}{dP} + D_P$.

The true willingness to pay to avoid an increase in pollution is, therefore, the amount resulting from the COI approach (the first two terms on the right-hand side of (22)), plus the last two terms. The term $-(U_S/\lambda)(dS/dP)$ is the dollar value of the disutility of pollution-induced illness. Since $U_S < 0$, $-(U_S/\lambda)(dS/dP) > 0$. D_P is the change in defensive expenditures associated with an increase in pollution. It is reasonable to assume that $D_P > 0$ -- that an increase in pollution brings forth more defensive expenditures -- but nothing in the model requires that result.

Calculating health benefits through the COI approach leads to an unbiased estimate of true benefits only if sickness does not enter the individual's utility function directly, and if defensive expenditures are not accounted for in the analysis.[6] If either of these conditions is not met, the COI approach probably underestimates true willingness to pay.

IV. Extensions of the Basic Model

In this section we examine three extensions of the basic model and discuss their effects on benefit estimation. These extensions are as follows:

(i) Pollution enters the utility function directly.

(ii) Individuals are assumed to receive paid sick leave for a fixed work period.

(iii) Sickness affects the wage rate.

(i) If pollution has a direct effect on utility, we write the utility function as $U = U(X,L,S,P)$. The first-order conditions (5)-(9) remain unchanged, but the derivative V_P of the indirect utility function becomes

$$(23) \qquad V_P = U_S S_P - U_4 - \lambda w S_P - \lambda M'(S) S_P = \frac{\lambda S_P}{S_D} - U_4 \quad .^{7}$$

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If we work through the arithmetic as in the preceding section, we find that:

$$(24)\qquad \frac{dI^*}{dP} = -\frac{S_P}{S_D} - \frac{U_4}{\lambda} = [w - M'(S)]\frac{dS}{dP} + D_P - \frac{U_3}{\lambda}\frac{dS}{dP} - \frac{U_4}{\lambda}$$

that is, $\frac{dI^*}{dP}$ is the same as in our basic case except for the term $-U_4/\lambda$. In this model, the expression for true benefits contains a derivative of U, which is unobservable. Therefore, even if we had data on defensive expenditures, it would not be possible to estimate benefits precisely. Nonetheless, since $U_4 < 0$ (we assume that no one likes pollution for its own sake), allowing pollution to enter the utility function directly provides yet another reason why the COI approach underestimates true willingness to pay.[8]

(ii) As Crocker and others have pointed out, it is plausible that the duration of an individual's illness could affect the wage he or she faces. Chronically ill individuals might be excluded from some physically demanding but high paying jobs, for example. Or, individuals might be paid a lower wage because of their frequent absences from work.

We can model this phenomenon quite easily by allowing the wage rate to depend upon sickness, i.e., $w = w(S)$ where $w'(S) < 0$. Incorporating this change in (11) above, the first-order conditions become:

$$\Lambda_X = U_X - \lambda = 0$$

$$\Lambda_L = U_L - \lambda w(S) = 0$$

$$\Lambda_D = U_S S_D - \lambda[w'(S)(T - S - L) - w(S)S_D - M'(S)S_D - 1] = 0$$

However, since this change affects neither V_p nor V_s, expression (22) is still the correct measure of true benefits. Thus, allowing the wage rate to depend upon sickness does not affect our basic conclusion that the COI approach underestimates true benefits.

(iii) Many workers lose no pay when they get sick because of paid sick leave. In this case, lost time due to illness still represents a cost to the economy, but one borne by employers. One can therefore argue that the presence of paid sick leave does not affect the total economic benefits of pollution control, but only their distribution.

This argument assumes implicitly that the availability of paid sick leave will not affect the efforts of individuals to avoid sickness.[9] To drop this assumption, we must also drop the full income constraint, which permits the leisure and income to be traded off without restriction. Instead, suppose an individual receives a wage w per hour for W hours of work per year, regardless of whether those hours are actually worked. Let $Y = wW$ denote income, and suppose further that the distribution of work hours is fixed, as in the 9 to 5 workday. In the previous model illness affects utility directly, by taking up time that could be devoted to labor or leisure, and by inducing out-of-pocket costs. With paid sick leave, the illness that occurs during working hours affects utility and medical costs but the individual's money income is not affected as before. If we assume the individual is just as likely to get sick while at work as outside of work, we can put the proportion q of illness occurring during leisure at $q = (T - W)/T$, the proportion of nonwork hours.

In this model the maximum number of hours that can be worked per year is W. The actual time spent working is $W - (1 - q)S$, the nominal work time less sick leave taken. The individual is no longer able to trade work for leisure without restriction, and the marginal value of leisure is no longer equal to the wage rate. The problem now is to maximize utility subject to both a money and a time constraint:

$$\underset{X,L,D}{\text{Maximize}} \quad U(X,L,S(D,P))$$

subject to:

$$X + D + M(S) \leq Y = wW$$

$$L + qS \leq T - W \quad .$$

The Lagrangian is

$$\mathcal{L} = U(X,L,S) + \lambda(Y - D - X - M(S)) + \gamma(T - W - L - qS) \quad ,$$

with first order conditions

(25) $\mathcal{L}_X = U_X - \lambda = 0$

(26) $\mathcal{L}_L = U_L - \gamma = 0$

(27) $\mathcal{L}_D = U_S S_D - \lambda - \lambda M'(S) S_D - \gamma q S_D = 0$

The marginal change in income Y necessary to keep utility constant while pollution changes is again

$$\text{(28)} \qquad \frac{dY}{dP} = - \frac{V_P}{V_Y} = - \frac{S_P}{S_D} \quad .$$

In this case the employer will also benefit from improvements in air quality, due to a reduction in sick leave payments. Assuming the wage rate is equal to the value of a day's output by a worker,[10] we can represent the benefit to the employer of a marginal reduction in pollution as:

$$\text{(29)} \qquad (1 - q)w \frac{dS}{dP} \quad .$$

Combining (28) and (29), the social benefit of a reduction in pollution is, for each worker in the population,

$$\text{(30)} \qquad \text{Benefit} = (1 - q)w \frac{dS}{dP} - \frac{S_P}{S_D} \quad .$$

In earlier discussion, we showed that the COI approach would probably underestimate the true benefits of pollution control. When sick leave is introduced, it is no longer possible to say whether or not this remains the case. From the first-order condition (27) we have

$$\text{(31)} \qquad M'(S) = \frac{U_S}{\lambda} - \frac{1}{S_D} - \frac{\gamma}{\lambda} q$$

The benefit estimate given by the cost-of-illness approach is

$$(32) \qquad \text{Cost of illness} = [w + M'(S)] \frac{dS}{dP}$$

$$= w \frac{dS}{dP} + \frac{U_S}{\lambda} \frac{dS}{dP} - \frac{\gamma}{\lambda} q \frac{dS}{dP} - \frac{1}{S_D} [S_D D_P + S_P] \quad .$$

Combining (30), (31) and (32), we have

$$(33) \qquad \text{Benefit} = \text{Cost of illness} + D_P - \frac{U_S}{\lambda} \frac{dS}{dP} + \left(\frac{\gamma}{\lambda} - w \right) q \frac{dS}{dP} \quad .$$

Therefore, the benefits associated with a change in pollution is equal to the cost of illness plus three additional terms. The first two, representing the change in defensive expenditures and the direct disutility of illness, have been encountered before. The third term is a correction that takes account of the fact that sickness outside of working hours is no longer valued at the wage rate (the ratio γ/λ is the individual's marginal value of leisure time). If leisure has a value exceeding the wage rate, this term is positive and we can again conclude that the cost-of-illness approach underestimates benefits. If, however, the individual values leisure time at less than the wage rate, this conclusion is no longer possible.

7. Conclusion

Our principal objective in this paper has been to compare the "cost-of-illness" approach to health benefit estimation with an expression of willingness to pay derived from a model of individual utility maximization. We have shown that the cost-of-illness approach results in an underestimate of "true" benefits when sickness enters the utility function directly, and when individuals are allowed to take some defensive measures against pollution. However, this conclusion requires us to assume that defensive expenditures are an increasing function of the pollution level. While the sign of D_P depends on both individual preferences and the dose-response function, we believe that it is reasonable to suppose that an increase in pollution will bring forth additional efforts to avoid it. In any event, our results should be of some use in applied benefit estimation in the regulatory area where, before, the relationship between ad hoc approaches and conceptually correct measures was unclear.

Our finding proved robust with respect to several variations in our basic model. True benefits exceed those derived from the cost-of-illness approach when wages are assumed to be affected by pollution-induced illness, and when pollution is assumed to enter the utility function both directly as well as indirectly via its effect on sickness and, hence, the labor-leisure tradeoff. Only when our basic model was extended to include the case of paid sick leave was there indeterminancy about the relationship between the traditional cost-of-illness approachand willingness to pay as derived from the model. In this case, the relationship depended critically on individuals' valuation of leisure time.

A final observation concerns the estimability of the conceptually correct benefit measure. The expression we derived for willingness to pay, $-S_P/S_D$, is in principle observable. Bringing this term to life, so to speak, will be more difficult than it may at first appear. It will require detailed information on both the market and nonmarket measures that individuals take to defend themselves against pollution and other environmental threats, broadly defined. Until such data are available, our conclusions suggest that the cost-of-illness approach can be used as a lower bound for true benefits in most interesting cases.

Footnotes

[1] As Courant and Porter [1981] show in a recent paper, however, one must be quite careful not to assume that defensive expenditures prevented in an exact measure of willingness to pay for regulatory benefits.

[2] We find it more convenient to make utility a function of expenditures on various classes of goods rather than a composite good, as is customary.

[3] although the disutility of sickness presumably depends on its intensity as well as its duration, we assume that all illnesses are equally intense.

[4] Definition of I as a function of P requires $V_I \neq 0$, but we assume, as is customary, that $V_I > 0$.

[5] Very recently, data sets with some information on exercise and preventive medicine have begun to be explored. See Gerking [1982], for example.

[6] This result may appear to follow from equation (22) if U_S and D_P equal to zero. But calculation of true benefits in our model requires $S_D \neq 0$; thus, the COI approach is not just a special case of the model we use. Nonetheless, in a simpler model in which $U = U(X,L)$ and $S = S(P)$, true willingness to pay can be shown to equal the terms included in the COI approach.

[7] U_3 and U_4 are the partial derivatives of U with respect to the variables in the 4-tuple (X,L,S,P). Thus, $U_P = U_3 S_P + U_4$.

[8] Using a slightly different model than ours, Courant and Porter [1981] conclude that observed defensive expenditures may either under- or overestimate true willingness to pay when pollution enters the utility function directly.

[9] This conceptual problem should be kept distinct from the empirical problem of estimating morbidity when workers are covered by paid sick leave. What is usually observed in morbidity studies is not sickness itself but days of illness reported. Sick leave can obviously affect whether an individual

responds to illness by staying home from work.

[10] If the employer expects a certain number of sick days each year and sets wages accordingly, the value of a day's output might slightly exceed the wage rate.

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